

## Christ the King Parish Mass Request Form

Return this form to the St. Joseph office along with the \$10 stipend (checks made out to "Christ the King Parish") for each Mass.

Masses are scheduled on a first-come, first-served basis. If your first or second choice of date and time is not available, you will be given the closest day.

Due to the large number of initial requests for 2023, you may only ask for three Masses, two on a weekday and one on a weekend.

Your Name \_\_\_\_\_

Telephone \_\_\_\_\_

Church Requested \_\_\_\_\_

### FIRST MASS INTENTION

Name \_\_\_\_\_ Deceased? (Y /N)

Requested by \_\_\_\_\_

#### Date and Time of Mass

1<sup>ST</sup> Choice \_\_\_\_\_

2<sup>ND</sup> Choice \_\_\_\_\_

### SECOND MASS INTENTION

Name \_\_\_\_\_ Deceased? (Y /N)

Requested by \_\_\_\_\_

#### Date and Time of Mass

1<sup>ST</sup> Choice \_\_\_\_\_

2<sup>ND</sup> Choice \_\_\_\_\_

### THIRD MASS INTENTION

Name \_\_\_\_\_ Deceased? (Y /N)

Requested by \_\_\_\_\_

#### Date and Time of Mass

1<sup>ST</sup> Choice \_\_\_\_\_

2<sup>ND</sup> Choice \_\_\_\_\_

\*\*\*\*\* Parish Office Use Only \*\*\*\*\*

## Christ the King Parish Tabernacle Candle Request Form

Requests will be accepted on a first-come, first-served basis. If the date you request is not available we will schedule it for the closest week.

Payment of \$20.00 MUST BE SUBMITTED with this form.

Please make check payable to "Christ the King Parish". Please use separate checks for Mass requests and Tabernacle Candle requests.

Your Name \_\_\_\_\_

Your Address \_\_\_\_\_

Telephone \_\_\_\_\_

### FIRST CANDLE REQUEST

Tabernacle Candle offered for:

Name \_\_\_\_\_ Deceased? (Y /N)

Requested by \_\_\_\_\_

Offered for the week of (Sunday-Saturday):

1<sup>ST</sup> Choice week \_\_\_\_\_

2<sup>ND</sup> Choice week \_\_\_\_\_

Church Requested \_\_\_\_\_

### SECOND CANDLE REQUEST

Tabernacle Candle offered for:

Name \_\_\_\_\_ Deceased? (Y /N)

Requested by \_\_\_\_\_

Offered for the week of (Sunday-Saturday):

1<sup>ST</sup> Choice week \_\_\_\_\_

2<sup>ND</sup> Choice week \_\_\_\_\_

Church Requested \_\_\_\_\_

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*Parish Office Use Only*

# \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_