DIVINE MERCY
CATHOLIC PARISH
Loving Mercifully. Living Marian.

MASS INTENTION REQUEST FORM

PLEASE PRINT CLEARLY

Requested by (Name) _____

Phone Number _____

Email Address _____

Requested Intention Name _____ ☐ **Living** ☐ **Deceased**

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

Requested Date _____ **Mass Time** _____

(Parish Office will contact you if the Requested Date is not available.)

Would you like a Mass Card sent? ☐ **YES** ☐ **NO**

Mail to _____

Address _____

_____

The suggested donation is $5 per Mass.

For Office Use

Received by _____ **Date** _____ **Date Entered** _____ **Date Card Sent** _____