

MASS INTENTION REQUEST FORM

Please use one (1) request form per individual

MAXIMUM OF 5 MASSES PER YEAR PER FAMILY

Date: _____ Number of Masses Requested: _____

Mass Requested is for someone who is: (Please Check One) Deceased: _____ Living _____

Mass for: _____ Mass being offered by: _____

Phone Number: (H) _____ (C) _____

Please check one: _____ Mass card is to be picked up from Church Office.

_____ Church is to mail Mass card to the address provided below.

Mail Mass Card(s) to: Name _____

Address _____ City: _____ St: _____ Zip: _____

******We will do our very best to schedule the Mass you are requesting; however, on occasion the date(s) you are requesting have already been reserved. Therefore, we ask that you please provide at least three (3) optional dates so that we may accommodate your request(s):**

Mass Time Requested: _____ Date(s) requested: *Enter your preferences below.*

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

8th _____

9th _____

10th _____

Paid Cash: _____

Check _____

Check No: _____

Please mail this form along with your payment and/or you may bring this request to:

*St. Mark the Evangelist Catholic Church - Attn: Pastoral Offices
1602 Thousand Oaks Drive, San Antonio, TX 78232*

***Please remember to include a working phone number with this request.**

Revised on 10/03/11mk