

# 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.*

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

7<sup>th</sup> \_\_\_\_\_

8<sup>th</sup> \_\_\_\_\_

9<sup>th</sup> \_\_\_\_\_

10<sup>th</sup> \_\_\_\_\_

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*