

MASS INTENTION REQUEST FORM

*Please us one (1) request form per individual
\$5.00 per Mass*

MAXIMUM OF 4 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: _____

Please check one:

_____ Mass card is to be picked up from Church Office.

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

_____ No Mass card required.

Mail Mass Card(s) to: Name _____

Address: _____

City: _____ State: _____ 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 (s) optional dates so that we may accommodate your request(s).

Mass Time Requested: _____ Dates(s) Requested: Enter your preferences below

1st _____ 2nd _____

3rd _____ 4th _____

5th _____ 6th _____

7th _____ 8th _____

9th _____ 10th _____

Office use only

Paid Cash _____ Paid Check _____ Check No: _____

Please mail this form along with your payment and/or you may bring this request to:
St. John Vianney Catholic Church, 3201 Sunrise, Round Rock, TX 78665