

**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

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> \_\_\_\_\_

**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