

Mass Intention Form

Date: _____

Name _____ Phone Number _____

Address/ email address: _____

Number of Masses Requested _____

Name of Person for Whom Mass is Requested	Circle	Date/Time
1. _____	Living / Deceased	_____ OLL/STA
2. _____	Living / Deceased	_____ OLL/STA
3. _____	Living / Deceased	_____ OLL/STA
4. _____	Living / Deceased	_____ OLL/STA
5. _____	Living / Deceased	_____ OLL/STA
6. _____	Living / Deceased	_____ OLL/STA
7. _____	Living / Deceased	_____ OLL/STA
8. _____	Living / Deceased	_____ OLL/STA
9. _____	Living / Deceased	_____ OLL/STA
10. _____	Living / Deceased	_____ OLL/STA
11. _____	Living / Deceased	_____ OLL/STA
12. _____	Living / Deceased	_____ OLL/STA

OLL = Our Lady of Lourdes Mass times: Weekdays 8:15 am M-F, Saturday 5 pm, Sunday 9am and 5 pm

STA= St. Adalber Mass times: Weekdays 7 am.

Donation \$ 10.00 for mass times

Mass Card Options

? Mail Card to: _____