

In the event the date you choose is taken please indicate a second choice. If neither is available, you will be contacted and asked your next choice. Only 5 weekend Masses per six-month period.

MASS INTENTION REQUEST FORM

NAME FOR MASS INTENTIONS **Living/Deceased** **DATE & MASS TIME REQUESTED**

#1. _____ L D

2nd Choice Date & Mass Time: _____

#2. _____ L D

2nd Choice Date & Mass Time: _____

#3. _____ L D

2nd Choice Date & Mass Time: _____

#4. _____ L D

2nd Choice Date & Mass Time: _____

#5. _____ L D

2nd Choice Date & Mass Time: _____

#6. _____ L D

2nd Choice Date & Mass Time: _____

#7. _____ L D

2nd Choice Date & Mass Time: _____

#8. _____ L D

2nd Choice Date & Mass Time: _____

Requested By: _____ **Contact Number:** _____

Date: _____ Office use only
Paid Cash/Check # _____

Please submit your request form and stipend to the Parish Office. It may be dropped off or mailed to St. John Catholic Church 15208 Hwy 73 Prairieville, LA. 70769 to the attention of Lisa Babin.