

2018 MASS REQUEST FORM FOR ST. JOSEPH PARISH – O’HARA TOWNSHIP

(Sanctuary Candle and Flower Request forms are on reverse side.)

**St. Joseph Parish will begin scheduling 2018 Mass requests for
dates between July 1, 2018 through September 30, 2018 ONLY.**

Mass requests for October through December, 2018 will be taken at a later date (to be determined).

Please PRINT all information.

Your Name: _____

Your Address: _____

Phone Number: _____

- Each registered family may request up to a total of TWO (2) Masses – ONE (1) weekend Mass and ONE (1) weekday Mass.
- Except for Holy Days, Vigils of Holy Days, and Holy Seasons – Mass Times are as follows:

Sunday	9 AM and 11 AM	Thursday	9 AM
Monday	9 AM	Friday	9 AM
Tuesday	9 AM	(During Lent – Friday Mass is at 7 PM)	
Wednesday	7 PM	Saturday	4 PM

NOTE: Mass intentions cannot be scheduled on some Holy Days or special days. You will be called if your request falls on one of these days.

- Please be sure to use a 2018 calendar when choosing your dates for Masses.
- Mass requests will be accepted on a first-come, first-served basis.
- The stipend of \$10.00 per Mass, as determined by Diocesan policy, is to accompany each Mass request. Masses cannot be scheduled without the Mass stipend; therefore, no Mass requests will be accepted by phone.
- Following Diocesan policy and universal Church law, each Mass will have only one (1) intention at this time.
- If your scheduled Mass date falls on a day when Father Miller is away, your Mass intention will be celebrated here (by another priest), or wherever Father Thom is on the scheduled day.
- Mass request dates are not guaranteed, but we will try to get them as close as possible.
- Please make checks payable to St. Joseph Parish.
- Please use separate checks for “Mass requests”, “Flower requests”, and “Sanctuary Candle requests”.
- We will ONLY send a confirmation if you enclose a self-addressed, stamped envelope with your Mass request form.

Please PRINT all information.

2018 WEEKEND MASS		(July 1 through September 30, 2018)	
CHOOSE ONE: SATURDAY (4 PM) or SUNDAY (9 or 11 AM)			
Mass Intention For:	Living / Deceased		
Requested By:			
Date Requested (1 st Choice):		Time:	
Date Requested (2 nd Choice):		Time:	

2018 WEEKDAY MASS		(July 1 through September 30, 2018)	
CHOOSE ONE: MONDAY or TUESDAY or WEDNESDAY or THURSDAY or FRIDAY			
Mass Intention For:	Living / Deceased		
Requested By:			
Date Requested (1 st Choice):		Time:	
Date Requested (2 nd Choice):		Time:	

Date Rec'd: _____ Check #: _____ Dated: _____ Amount: _____ Confirm Sent: _____ Initials: _____

SANCTUARY CANDLE REQUEST FORM FOR THE YEAR 2018 - \$25.00

Requests will be accepted on a first-come, first-served basis. One request per form, please.
There are 52 candles for reservation (one per week), beginning on Sunday, **January 7, 2018**.
Payment of \$25.00 MUST BE SUBMITTED with this form. Please make checks payable to **St. Joseph Parish**.
Please use separate checks for "Mass requests", "Flower requests", and "Sanctuary Candle requests".
We will ONLY send a confirmation if you enclose a self-addressed, stamped envelope.

Please **PRINT** all information.

Your Name: _____

Your Address: _____

Phone Number: _____

Sanctuary Candle For: _____ (circle one) Living / Deceased

1st choice Sunday date request begins (for a one week period) _____, 2018

2nd choice Sunday date request begins (for a one week period) _____, 2018

The date you pick is NOT guaranteed, but we will try to get it as close as possible.

Date Rec'd: _____ Check #: _____ Dated: _____ Amount: _____ Confirm Sent: _____ Initials: _____

FLOWER REQUEST FORM FOR THE YEAR 2018 - \$30.00

Requests will be accepted on a first-come, first-served basis. One request per form, please.
There are 52 weeks for reservation (one per week), beginning on Sunday, **January 7, 2018**.
Payment of \$30.00 MUST BE SUBMITTED with this form. Please make checks payable to **St. Joseph Parish**.
Please use separate checks for "Mass requests", "Flower requests", and "Sanctuary Candle requests".
We will ONLY send a confirmation if you enclose a self-addressed, stamped envelope.

Please **PRINT** all information.

Your Name: _____

Your Address: _____

Phone Number: _____

Flowers Requested For: _____ (circle one) Living / Deceased

Check One: _____ Flowers at St. Joseph candle area (OR) _____ Flowers at Blessed Virgin Mary candle area

1st choice Sunday date request begins (for a one week period) _____, 2018

2nd choice Sunday date request begins (for a one week period) _____, 2018

The date you pick is NOT guaranteed, but we will try to get it as close as possible.

Date Rec'd: _____ Check #: _____ Dated: _____ Amount: _____ Confirm Sent: _____ Initials: _____