

2019 MASS REQUEST FORM FOR ST. JOSEPH PARISH – O’HARA TOWNSHIP

(Sanctuary Candle Request form is on reverse side.)

Please PRINT all information.

Your Name: _____
 Your Address: _____
 Phone Number: _____

- Each registered family may request up to a total of THREE (3) Masses – ONE (1) weekend Mass and TWO (2) weekday Masses.
- Except for Holy Days, Vigils of Holy Days, and Holy Seasons – Mass Times are as follows:

Sunday	9 AM and 11 AM	Thursday	8 AM
Monday	8 AM	Friday	8 AM
Tuesday	8 AM		
Wednesday	8 AM	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 2019 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.
- 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” 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.

2019 WEEKEND MASS		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:	

2019 WEEKDAY MASS		CHOOSE ONE:	
		MONDAY or TUESDAY or WEDNESDAY or THURSDAY or FRIDAY	
Mass Intention For:	Living / Deceased		
Requested By:			
Date Requested (1 st Choice):		Time:	8 AM
Date Requested (2 nd Choice):		Time:	8 AM

2019 WEEKDAY MASS		CHOOSE ONE:	
		MONDAY or TUESDAY or WEDNESDAY or THURSDAY or FRIDAY	
Mass Intention For:	Living / Deceased		
Requested By:			
Date Requested (1 st Choice):		Time:	8 AM
Date Requested (2 nd Choice):		Time:	8 AM

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

SANCTUARY CANDLE REQUEST FORM FOR THE YEAR 2019 - \$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 6, 2019**.
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" 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) _____, 2019

2nd choice Sunday date request begins (for a one week period) _____, 2019

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

Mass Request form is on reverse side.

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