

## 2017 MASS REQUEST FORM FOR ST. JOSEPH PARISH – O’HARA TOWNSHIP

- Each registered family may request up to a total of three (3) Masses – one (1) Weekend Day or Wednesday evening Mass and up to two (2) Weekday (Monday, Tuesday, Thursday, Friday) Masses.
- Please be sure to use a 2017 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 intentions cannot be scheduled on some Holy Days or special days. You will be called if your request falls on one of these days. *NOTE: Usual Mass times are in parentheses below. Mass times for Holy Days, Vigils of Holy Days, and Fridays during Lent are not always the usual Mass time for that day.*
- Following Diocesan policy and universal Church law, each Mass will have only one (1) intention.
- If your scheduled Mass date falls on a day when Father Miller is away, he WILL celebrate your Mass intention wherever he is on the scheduled day and you will be notified of this by the Parish Office.
- Please make checks payable to St. Joseph Parish.
- Please use separate checks for Mass requests, Flower requests, and Sanctuary Candle requests.
- Mass request dates are not guaranteed, but we will try to get them as close as possible.
- We will ONLY send a confirmation if you enclose a self-addressed, stamped envelope with your Mass request form.

**Please PRINT all information.**

**Your Name:** \_\_\_\_\_

**Your Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

<b>CHOOSE ONE: SATURDAY (4 PM) or SUNDAY (9 or 11 AM) or WEDNESDAY (7 PM)</b>	
Mass Intention For:	Living / Deceased
Requested By:	
Date Requested (1 <sup>st</sup> Choice):	Time:
Date Requested (2 <sup>nd</sup> Choice):	Time:

<b>CHOOSE (UP TO TWO): MONDAY or TUESDAY or THURSDAY or FRIDAY (Usual Weekday Mass Time is 9 AM)</b>	
<b>Weekday Mass Request #1:</b>	
Mass Intention For:	Living / Deceased
Requested By:	
Date Requested (1 <sup>st</sup> Choice):	Time:
Date Requested (2 <sup>nd</sup> Choice):	Time:
<b>Weekday Mass Request #2:</b>	
Mass Intention For:	Living / Deceased
Requested By:	
Date Requested (1 <sup>st</sup> Choice):	Time:
Date Requested (2 <sup>nd</sup> Choice):	Time:

Sanctuary Candle and Flower Request forms on reverse side.

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

## SANCTUARY CANDLE REQUEST FORM FOR THE YEAR 2017 - \$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 1, 2017.  
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

1<sup>st</sup> choice Sunday date request begins (for a one week period) \_\_\_\_\_, 2017

2<sup>nd</sup> choice Sunday date request begins (for a one week period) \_\_\_\_\_, 2017

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

## FLOWER REQUEST FORM FOR THE YEAR 2017 - \$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 1, 2017.  
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

1<sup>st</sup> choice Sunday date request begins (for a one week period) \_\_\_\_\_, 2017

2<sup>nd</sup> choice Sunday date request begins (for a one week period) \_\_\_\_\_, 2017

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

Mass Request form on reverse side.

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

9/29/2016