



Mass Intention Form

Name: _____ Today's Date: _____

Phone Number: _____ Email: _____

If your requested date and alternate date are not available, you will be contacted to schedule another time.

FIRST REQUEST: *Please check one:* Sunday Weekday

Intention:	Circle one: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:
Alternate Date:	Alternate Time:

SECOND REQUEST: *Please check one:* Sunday Weekday

Intention:	Circle one: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:
Alternate Date:	Alternate Time:

THIRD REQUEST: *Please check one:* Sunday Weekday

Intention:	Circle one: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:
Alternate Date:	Alternate Time:

***Please mail completed form and stipend to Sacred Heart Church
(550 Smith Road, Fremont, OH 43420)
or drop in the Collection Basket marked "Mass Intention Form".***

OFFICE USE ONLY: Date Received: _____ Amount due: _____
Amount included: _____ Cash or check: _____