



**ST. MARTIN CATHOLIC CHURCH - MASS INTENTION FORM**

NAME OF PERSON FOR WHOM THE MASS IS REQUESTED

\_\_\_\_\_ *LIVING/DECEASED*

**MASS PREFERENCE:** (please circle one)

**First Available or Date Requested** \_\_\_\_\_

**Weekends:** Saturday 5:00 pm; Sunday 8:15 am, 11:00 am, 1:30 pm, 5:00 pm

**Weekdays:** Tuesday & Thursday at 5:30 pm; Thursday at 7:00 pm; Wednesday & Friday at 12:00 pm

REQUESTED BY: \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

<b><u>FOR OFFICE USE ONLY</u></b>	
Stipend: \$ _____	
CK# OR CASH _____	
DATE RECEIVED _____	MASS SCHEDULED _____



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