

STS. PETER & PAUL CATHOLIC CHURCH
P.O. Box 610, Scott, LA 70583; Phone: 235-2433, Fax: 233-4868

MASS INTENTION FORM

MASS REQUESTED BY: _____

PHONE NUMBER: _____

MASS INTENTIONS ARE \$5.00 PER PERSON. MASSES ON SATURDAY & SUNDAYS PLEASE GIVE TIMES OF MASSES. IF MASSES ARE TO BE REQUESTED FOR BOTH LIVING AND DECEASED PLEASE MARK IN APPROPRIATE BOX.

INTENTIONS MUST BE PRINTED AS THEY ARE TO APPEAR IN THE BULLETIN - 2 WEEKS IN ADVANCE.

LIVING:	DECEASED:	INTENTION(S):	DATE(S):	DAY(S) OF THE WEEK:	TIME(S):

(ADDITIONAL SPACE IS AVAILABLE ON THE BACK OF THIS FORM)

FOR OFFICE USE ONLY:
MASSES: _____ X \$5.00 = _____
MASSES: _____ X \$10.00 = _____ TOTAL AMOUNT(S) TO BE PAID. \$ _____

TAKEN BY: _____ DATE: _____ POSTED BY: _____ DATE: _____

