



Holy Name Catholic Church

Mass Intention Request

OFFICE USE ONLY:	
RECEIVED:	_____
ENTERED:	_____
BY:	_____

TODAY'S DATE: _____

YOUR NAME: _____

PHONE #: _____

MASS TIMES ARE:

MONDAY, TUESDAY, THURSDAY & FRIDAY: 8:00 AM

SATURDAY: 5:00 PM

SUNDAY: 9:00 AM, 11:00 AM & (1:00 PM SPANISH)

NO MASS ON WEDNESDAY
NO MASS INTENTIONS ON WEDNESDAY
COMMUNION SERVICE ONLY

Donation Per Intention: \$10.00

MASS IN INTENTION FOR:	DATE:	MASS TIME:
<i>IF PERSON IS DECEASED, PLEASE PUT A CROSS (+) BEFORE THE NAME</i>		
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NOTES:

OFFICE USE ONLY			
AMOUNT: \$ _____	CHECK #: _____	CC _____	RECEIPT# _____ INITIALS: _____