

Received at church office:

DATE: _____

TIME: _____

St. John Vianney Catholic Church

2022 Mass Book Requests

(Maximum six (6) requests per household)

(Please PRINT clearly)

Processed:

DATE: _____

BY: _____

Donor Name: _____

Phone Number: _____

Email Address: _____

1. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____

2. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____

3. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____

4. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____

5. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____

6. Intention for _____ (check one) ___Deceased ___Living

Requested date / time _____

Additional notes _____