

ST. LAWRENCE PARISH MASS INTENTIONS

Today's Date: _____

Your Name: _____

Your Phone#: _____

Email Address: _____

Donation: Amount: _____ Cash ☐ or Check ☐ Check# _____ Envelope# _____

PLEASE SCHEDULE INTENTIONS 2 WEEKS IN ADVANCE OF REQUESTED MASS DATE

PLEASE PRINT NAME(S) AND CIRCLE *LIVING (L)* or *DECEASED (D)*

Office Only Intention#		Date: _____	Time: _____
	<i>L or D</i>		
	<i>L or D</i>		
	<i>L or D</i>		
	<i>L or D</i>		
	<i>L or D</i>		

Notes: _____

Entered to MI Log in Teams and Mass Book

Date: _____

Staff Initials: _____

Please return the completed form to
the parish office or email it to
parishoffice@stlawrenceparish.com