

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: _____

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