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) Intention# Date: Time: L or D Date:____ L or D Time: L or D Date: Time: Date:_____ Time: L or D L or D Date: Time: Entered to MI Log in Teams and Mass Book Notes: Date: _____ Staff Initials: ST. LAWRENCE PARISH MASS INTENTIONS Today's Date: Your Name: _____ Your Phone#: _____ Email Address: PLEASE SCHEDULE INTENTIONS 2 WEEKS IN ADVANCE OF REQUESTED MASS DATE. PLEASE PRINT NAME(S) AND CIRCLE LIVING (L) or DECEASED (D) Date: Time: L or D Date:_____ Time: _____ L or D Time:_____ Date:_____ L or D L or D Date:_____ Time:____ Time: L or D Date: Entered to MI Log in Teams and Mass Book Notes: Date: _____ Staff Initials: ————

ST. LAWRENCE PARISH MASS INTENTIONS

Rev: 4/26/2023