

Mass Intention Request Form

(Please use one request form per individual/Maximum of 4 masses per year per family/Can schedule a mass only 12 months in advance from the date the mass was requested on)

Visit the Parish Website www.ssrmparishes.org or call the parish office at 715-201-9913 for available dates.

Date: _____ Number of Masses Requested: _____

Mass Intention is for a: (Please Check One) Deceased: _____ Special Intention: _____

Mass Intention for: _____

Mass Intention requested by: _____

Address: _____ Phone: _____

_____ *(This request form will be sent back to you so you have a record of the mass intention dates)*

Church Mass Intention is requested at: (Please Check One) St. Rose _____ St. Mary's _____

Mass Time Requested: _____ Date(s) requested: Enter your preferences below

1st _____ 2nd _____

3rd _____ 4th _____

5th _____ 6th _____

****We will do our very best to schedule the Mass you are requesting for a specific date; however, on the occasion the date(s) you are requesting have already been reserved, we will schedule the mass for the first available date. We also remind you of the possibility that a scheduled Mass Intention may need to be changed if the priest becomes unavailable for that Mass. We will make every effort to contact you if we need to change a Mass Intention.*

Total of _____ Masses at \$10.00 per Mass.

Total Stipend Enclosed: \$ _____ Ck _____ Cash _____

You can mail this completed form, along with the stipend payable to St. Rose Parish or St. Mary's Parish/or you may bring this request to: 140 Auto Street, Clintonville, WI 54929 - **Attn: Shelly**
You can also drop it in the collection basket or email it to sborlen@ssrmparishes.org

"we are an INVITING FAITH FILLED CATHOLIC COMMUNITY MADE UP OF TWO UNIQUE PARISHES DEVOTED TO A LIFE-LONG LEARNING AND DISCIPLESHIP THROUGH PRAYER, SERVICE AND SHARING."