

**Church of the Holy Spirit**  
**2017 Mass Intention Request Form**  
**PLEASE PRINT CLEARLY.**

<b>PARISH OFFICE USE:</b> Offering Received Amount: _____ CASH CK Recorded by: _____ Last name initial of individual requesting: _____ _____
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**Parish Mass Intention Request Policy:** No more than 4 weekday intentions per household and no more than 2 Saturday/Sunday intentions per household. This will ensure that as many people as possible will be able to schedule Mass Intentions for their loved ones. Thank you.

**Name of person for whom Mass is requested:**

**SATURDAY/SUNDAY #1** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **SAT./SUN.**, day, date & time: \_\_\_\_\_

**SATURDAY/SUNDAY #2** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **SAT./SUN.**, day, date & time: \_\_\_\_\_

**WEEKDAY #1** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **WEEKDAY**, day, date & time: \_\_\_\_\_

**WEEKDAY #2** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **WEEKDAY**, day, date & time: \_\_\_\_\_

**WEEKDAY #3** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **WEEKDAY**, day, date & time: \_\_\_\_\_

**WEEKDAY #4** Intention for: \_\_\_\_\_ living/deceased  
Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Alternative **WEEKDAY**, day, date & time: \_\_\_\_\_

**Please return completed form along with Mass offering(s) to parish office.**  
**\$10 offering per Mass/cash/check/money order to:**  
**Church of the Holy Spirit, 1800 E. Libra Drive, Tempe, AZ 85283**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_