

Mass, Marian and Tabernacle Candle request form

___ **Mass Intention** ___ Weekday - \$10 ___ Weekend - \$20 ___ Christmas/Easter - \$50

___- Next available

___- Specific date - if available _____

Date & time given _____

___ **Marian Candle** — Special Intentions \$10
(6 day candle)

Date given _____

___ **Tabernacle Candle** — \$20 (2 week candle)

Date given _____

Please print

Name of person _____

Circle one: Deceased Special Intention

Requested by _____

Requestor telephone # _____

For office use

Initial of person recording
intention _____

Date recorded in book

Initial of person reviewing
Info legible/correct _____

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