

St. Joan of Arc Mass Intention Request

Dear Father,

Please celebrate a Mass for: _____

Occasion: _____

Requested date or mass time: _____

If you are requesting a specific Mass date, please allow us 2 months advance notice so we are able to schedule your Mass. If your date is not available, your Mass will be celebrated on the next available date.

Offering: _____ (suggested stipend is \$10)

If your Mass intention concerns a sickness or troublesome situation, please keep us informed of the situation. Also, please keep in mind the Prayer Line and the list of our sick posted in the bulletin each week.

Your contact information:

Name: _____

Address: _____

email: _____

Please use one piece of paper per Mass request.

You may submit this form, along with your check made payable to ST. JOAN OF ARC CHURCH, either through the weekly collection basket, or mail to: St. Joan of Arc Church, 222 St. Law St., Aberdeen, MD 21001.