

ST. IGNATIUS MARTYR PARISH

MASS REQUEST FORM

(ONE REQUEST PER ENVELOPE PLEASE)

Date: _____

Name of (Deceased/Living): _____

Requested By: _____ Phone #: _____

(Please check) Announced Mass (\$15.00) Unannounced Mass (\$10.00)

Payment Enclosed: Cash \$ _____ or Cheque \$ _____ (cheque payable to St. Ignatius Parish)

Preferred Day: _____ For Announced Mass (if available):

Sat. (10:00 a.m.) _____ Sat (4:30 p.m.) _____ Sun. (10:00 a.m.) _____

Mon. (12:30 p.m.) _____ Tues. (12:30 p.m.) _____ Wed. (12:30 noon) _____

Thurs. (12:30 p.m.) _____ Fri. (12:30 noon) _____

(Please put the request form in an envelope into the collection basket.)