

Holy Family Parish
106 S. Main St.
Albion, NY 14411
(585) 589-4243



Parish Office Hours
Monday - Thursday : 9:00am - 3:00pm
Friday : 9:00am - Noon

2022 MASS INTENTION REQUEST FORM

Please note, this completed form will be utilized when inputting the information for the confirmed Mass requests, including the information which will appear in the bulletin. Please assure names are spelled correctly, indicate any special events (birthday, anniversary, etc.), and specify how you would like the "requested by" information to appear in the bulletin: (i.e. "by family", "by wife", your name(s), etc.).

Your Name: _____ Phone #: _____

Address: _____

1st Mass Request

Mass intention for: _____ Living Deceased

Requested by: _____ No specific date Double Intention OK?

Preferred date: _____ Time: _____ Alternative date: _____ Time: _____

OFFICE USE ONLY: Scheduled date/time for this intention = _____

2nd Mass Request

Mass intention for: _____ Living Deceased

Requested by: _____ No specific date Double Intention OK?

Preferred date: _____ Time: _____ Alternative date: _____ Time: _____

OFFICE USE ONLY: Scheduled date/time for this intention = _____

3rd Mass Request

Mass intention for: _____ Living Deceased

Requested by: _____ No specific date Double Intention OK?

Preferred date: _____ Time: _____ Alternative date: _____ Time: _____

OFFICE USE ONLY: Scheduled date/time for this intention = _____

4th Mass Request

Mass intention for: _____ Living Deceased

Requested by: _____ No specific date Double Intention OK?

Preferred date: _____ Time: _____ Alternative date: _____ Time: _____

OFFICE USE ONLY: Scheduled date/time for this intention = _____

Total Amount of Donation Received: _____ Cash Check # _____

Date received: _____ Processed by: _____ Confirmation of scheduled Masses sent on: _____