

St. Patrick Parish Request for an Announced Mass Intention for January 2026 through December 2026

Parishioner/Household Name:			
1. Mass Intention for:		Living	Deceased
Requested Date:	Time:		
Alternate Date:	Time:		
Requested by:			
Mass Card Requested: Yes _	No		
2. Mass Intention for:		Living	Deceased
Requested Date:	Time:		
Alternate Date:	Time:		
Requested by:			
Mass Card Requested: Yes _	No		
3. Mass Intention for:		Living	Deceased
Requested Date:	Time:		
Alternate Date:	Time:		
Requested by:			
Mass Card Requested: Yes _	No		
4. Mass Intention for:		Living	Deceased
Requested Date:	Time:		
Alternate Date:	Time:		
Requested by:			
Mass Card Requested: Yes _	No		
5. Mass Intention for:		Living	Deceased
Requested Date:	Time:		
Alternate Date:	Time:		
Requested by:			
Mass Card Requested: Yes _	No		

6. Mass Intention for:			Living	Deceased
Requested Date:		Time:	_	
Alternate Date:		Time:	_	
Requested by:				
Mass Card Requested:	Yes	No		
7. Mass Intention for:			Living	Deceased
Requested Date:		Time:	_	
Alternate Date:		Time:	_	
Requested by:				
Mass Card Requested:				
8. Mass Intention for:			Living	Deceased
Requested Date:			_	
Alternate Date:		Time:	_	
Requested by:				
Mass Card Requested:	Yes	No		
The suggested stipend for a Mass Please return completed from alo Office located at 205 Lafayette S	ng with cash or treet, Kennett So	check (made payable quare, PA 19348.	to St. Patrick Chur	,
FOR OFFICE USE ONLY				
Date Received:				
Payment Received: YES	NO	Cash	Check	#
Information Recorded in:				
Mass Intent	ion Book			
Confirmation sent to Contact P	erson via:			
Mail	Email	Phone	In F	erson
on	(Date)			