



Parish of Mary, Mother of Mercy Mass Intentions Request Form

Name of person for whom the Mass is being said:

Is this person deceased? YES _____ NO _____

If not, is there a special reason for this Mass?

Would you like the Mass said on a particular date or time:

[Please note that if the date and time is not available you will be contacted and offered the opportunity for a different date and time.]

Would you like to receive a Mass card indicating this Mass has been requested?

YES _____ NO _____

Who is requesting this Mass? _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

A suggested offering for an announced Mass is \$10.

Offerings may be either cash or check (made out to the Mary, Mother of Mercy parish with "Mass stipend" in the memo field). You may mail your donation with this completed form to the parish office (address below) or place both in the collection.

**Parish Office: 3660 Orchard St. / P.O. Box 403, Interlaken, NY 14847
607-294-0064 • email: immmercy@dor.org**



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