

MEMORIAL MASS
(Anniversary of Death)
Fee: \$300

Date _____

Deceased: _____

Requested by _____

Home Phone (____) _____ Work (____) _____ Cell(____) _____

Date _____ Time _____

Language: English: _____ Spanish: _____ Bilingual: _____

Remarks _____

For Office use only:

Payments:

Date: _____ Check # _____ Amount: _____

Date: _____ Check # _____ Amount: _____

Mass date reserved in calendar _____

Music: Yes ____ No ____

Altar Server _____

Copy to Priest _____