

Mass Request

Date you are requesting _____

Mass time you would like

- 6:15pm (Mondays and Fridays)
- 7:45am (Tuesdays, Wednesdays, and Thursdays)
- 9:00am (Sunday)
- 11:00am (Sunday in Spanish)
- Whenever is available

Name of person the mass is requested for: _____

Mass is requested by: _____

Mass is for the person's

- Birthday
- Anniversary of Death (Number of years they have been deceased)
- Other: _____

Your name _____

Address _____

City, State, and Zip _____

Phone number _____

Email address _____

If you would like a letter of confirmation for your mass request, please include a self-addressed stamped envelope.

Please return this form and include a \$10.00 stipend for each mass requested.

Mass Request

c/o All Saints-St. Anthony

518 West 28th Place

Chicago, IL 60616