



St. Clement of Rome Church

Mass Intentions

PLEASE PRINT

Mass Said For: _____

Deceased: (Yes/No) Intentions _____ (Donation \$5.00 per Mass)

Dates:

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Please Send Mass Card To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Requested by: _____ Fax No.: _____

Telephone No: _____ E-mail: _____

For St. Clement of Rome Use Only:

Date Received: _____ Initials: _____

Received By: Mail: _____ In Person: _____ Phone: _____

Website: _____ Other: _____