

# Blessed Sacrament Shrine

## Mass Intention Request Form

DATE: \_\_\_\_\_

**Requested by:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL \_\_\_\_\_

**Intention of:**  Living  Deceased

Name: \_\_\_\_\_ By \_\_\_\_\_

Anniversary  Birthday  Wedding Anniversary  In Thanksgiving  Other \_\_\_\_\_

Other: \_\_\_\_\_ By \_\_\_\_\_

*If requesting more than two names per Mass, please use the family name (i.e. The Smith Family)*

**Requested Mass Date:**  First Available Date and Time  No Specific Date or Time

First Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Time: \_\_\_\_\_

**Intention of:**  Living  Deceased

Name: \_\_\_\_\_ By \_\_\_\_\_

Anniversary  Birthday  Wedding Anniversary  In Thanksgiving  Other \_\_\_\_\_

Other: \_\_\_\_\_ By \_\_\_\_\_

**Requested Mass Date:**  First Available Date and Time  No Specific Date or Time

First Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Time: \_\_\_\_\_

Total of \_\_\_\_\_ Masses at \$10.00 per Mass

Total Stipend Enclosed: \$ \_\_\_\_\_

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908-722-1489

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Website: [BlessedSacramentShrine.com](http://BlessedSacramentShrine.com)