

Immaculate Conception, Rapid City

# Mass Intention Request Form

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Your Intentions:

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)

- Deceased
- Deceased
- Deceased
- Deceased
- Deceased

At the request of: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**(Limit of 5 Masses per month. The customary stipend is \$10.00 per Mass, please do not include more. Make checks payable to "Immaculate Conception Parish".)**

Your Details:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_