

MASS INTENTION FORM

Mass Intention for _____ Deceased:

Date requested: 1st choice: _____ at _____

2nd choice: _____ at _____

3rd choice: _____ at _____

(Please state Mass time if the date is a Sunday)

Please give your name: _____

and 'phone number: _____

We will contact you if the dates requested are not available and arrange an alternative.

Please tick the Accept box if you are happy for us to print the Mass Intention in our newsletter. Accept:

(We will print it as a "Private Intention" otherwise, but the text will be read during mass)

Please return this form with your offering to the church office.

346 Portswood Road
Portswood
Southampton
SO17 3SB

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