



Saint Mary Roman Catholic Church
2025 Mass Intention & Memorials Request Form
 (PLEASE PRINT)



Your Name: _____
 Email: _____ Phone #: _____

Masses:

Sunday/Daily Date & Time: _____ Mass Card? Yes No
 Name of Intention: _____ Living Deceased
 Requested by: _____

Daily Date & Time: _____ Mass Card? Yes No
 Name of Intention: _____ Living Deceased
 Requested by: _____

Daily Date & Time: _____ Mass Card? Yes No
 Name of Intention: _____ Living Deceased
 Requested by: _____

Daily Date & Time: _____ Mass Card? Yes No
 Name of Intention: _____ Living Deceased
 Requested by: _____

Daily Date & Time: _____ Mass Card? Yes No
 Name of Intention: _____ Living Deceased
 Requested by: _____

Please make Mass intentions check payable to **Saint Mary Church**

Memorials:

Sunday Date: _____ Type of Memorial: _____ Church Chapel
 Name of Intention: _____ Living Deceased
 Requested by: _____ Memorial Card? Yes No

Sunday Date: _____ Type of Memorial: _____ Church Chapel
 Name of Intention: _____ Living Deceased
 Requested by: _____ Memorial Card? Yes No

Sunday Date: _____ Type of Memorial: _____ Church Chapel
 Name of Intention: _____ Living Deceased
 Requested by: _____ Memorial Card? Yes No

Sunday Date: _____ Type of Memorial: _____ Church Chapel
 Name of Intention: _____ Living Deceased
 Requested by: _____ Memorial Card? Yes No

If more memorials are requested please place them on the back of the form.

Please make Memorials check payable to **Saint Mary Memorial Fund**

Mail to Parish Office Center: 40 Spring Mount Road, Schwenksville, PA 19473
Email form to Sandi: solzinski@churchofsaintmary.org
Deadline to return is 5pm on Friday, September 13, 2024