



Mass Intention Scheduling Form

Year _____

All Intentions **MUST** be reserved in writing and are scheduled on a first come/first served basis. No phone or word of mouth requests. Every attempt will be made to schedule on the requested date, or as close to that date as possible.

The usual stipend of \$10.00 per Mass **MUST** accompany this form.
Checks made payable to the parish stated below.

****A limit of ten (10) Masses** per year for any one person will be scheduled. Only **ONE** intention scheduled for an individual on a Saturday/Sunday weekend Mass. All others must be a weekday Mass.

No mass intentions are taken for Christmas, Easter, Mother's Day, Father's Day, and All Souls Day.

Intention of the Mass: _____

Date Requested: _____

Choose Parish:

St. James ___ St. Margaret ___ St. Peter ___ St. John ___ St. Mary ___

Amount Enclosed: \$ _____

Requested by: _____

Address: _____

Phone: _____ Email: _____

Submit via e-mail to smk@sfcatholic.org and/or mail with payment to:
PO Box 137, Kimball, SD 57355

(For office use only)

Date received: _____

Date Scheduled: _____