

**PLEASE PRINT Or Type All Information Clearly**

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

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Office Use Only**

Date \_\_\_\_\_

Total Masses \_\_\_\_\_

Donation \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Entered \_\_\_\_\_

Hand/Mail \_\_\_\_\_

**SAMPLE**

Proposed **Day & Date**: Sunday, Feb. 7      Proposed Mass Time: 7:30am

Full Name: Robert Jones      Deceased: X    Living:

**SATURDAY/SUNDAY**

1.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
2.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
3.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
4.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
5.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____

**WEEKDAY**

1.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
2.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
3.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
4.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____
5.	Proposed Day & Date: _____ Mass Intention-Full Name: _____	Proposed Mass Time: _____ Deceased: _____ Living: _____

## 2022 MASS BOOK INTENTIONS FORM

Please use this form for all requests for Mass Intentions for Ascension's 2022 Mass Book.

We will accept requests **beginning Tuesday, AUGUST 24, 2021 from 9:00am to 10:30am and from 2:00pm to 3:00pm daily.** Requests will be taken on a first come, first served basis.

Due to Covid, we ask that you go to the church where you will be given a number at your time of arrival. This is for **Tuesday, August 24 only** all other times visit the parish office.

There will be a **Saturday Vigil/Sunday Mass limit of five (5) for each person** requesting masses. **Weekday masses will be limited to five (5) for each person.** Christmas, Easter, Mother's Day, Father's Day and all legal holidays are always for the intentions of the Living and Deceased Members of the Parish. In addition, one Sunday Mass per weekend is offered for the Parishioners of Ascension Parish. **The 8:30am Mass on the First Saturday of the month is always available as a Memorial Mass for persons who have recently died.**

Please note that the Church governance requires that there be only one intention (person) per Mass. However, for pastoral concerns to better accommodate the needs of the parishioners we will adhere to the following: Two first names with the same last name (i.e. John and Mary Smith) or two last names only (i.e. Smith and Jones Families) will be allowed per intention.

Those who are homebound or unable to visit the office may mail-in or give completed form with payment to another person to drop-off to office. *Note: These requests will be processed starting August 30th., on a first come first served basis.*

Please **PRINT OR TYPE** all requests using **the form on reverse only** & the sample as a guide. **Sorry No** requests will be taken over the phone, fax or e-mail. Bring this form with you to the Parish Center Office. **No** requests will be honored if not on proper form. If you have any questions, please call the Parish Office at 201-836-8961. Thank you for your cooperation.

**ONE FORM PER PERSON, please do not bring forms for others**

**Offering of \$10.00 FOR EACH MASS (exact cash or check payable to Ascension, no credit cards)**

**MONDAY - THURSDAY: DAILY MASS AT 8:00AM**

**NO FRIDAY MASS INTENTION**

**SATURDAY MORNING: 8:30AM**

**SATURDAY EVENING ANTICIPATED MASS: 5:30PM**

**SUNDAY: 7:30AM, 9:30AM & 11:30AM**

**Please Turn Over & Complete Form**

**SANCTUARY CANDLE\*ALTAR BREAD & WINE\*ALTAR FLOWERS**

**PLEASE PRINT Or Type All Information Clearly**

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

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Office Use Only**

Date \_\_\_\_\_

Donation \_\_\_\_\_

Check # \_\_\_\_\_

Cash \_\_\_\_\_

Entered \_\_\_\_\_

Hand/Mail \_\_\_\_\_

ALL OFFERINGS BEGIN ON SATURDAY AND END ON THE FOLLOWING FRIDAY

SANCTUARY CANDLE: \$15.00

ALTAR BREAD & WINE: \$40.00

ALTAR FLOWERS: \$50.00 EACH BASKET

CASH OR CHECK MADE PAYABLE TO ASCENSION NO CREDIT CARDS

**2022 SANCTUARY CANDLE\*BREAD & WINE\*ALTAR FLOWERS**

Sanctuary Candle for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Bread & Wine for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Flowers/Number of Baskets \_\_\_\_\_ for the week of \_\_\_\_\_

Intention: \_\_\_\_\_

**2022 SANCTUARY CANDLE\*BREAD & WINE\*ALTAR FLOWERS**

Sanctuary Candle for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Bread & Wine for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Flowers/Number of Baskets \_\_\_\_\_ for the week of \_\_\_\_\_

Intention: \_\_\_\_\_

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Sanctuary Candle for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Bread & Wine for the week of: \_\_\_\_\_

Intention: \_\_\_\_\_

Altar Flowers/Number of Baskets \_\_\_\_\_ for the week of \_\_\_\_\_

Intention: \_\_\_\_\_