

2024 MASS INTENTIONS FORM

Please use this form for all requests for 2024 Mass, Sanctuary Candle, Altar Bread & Wine, Altar Flowers and Memorial Candles for Church of the Ascension.

We will accept requests beginning **MONDAY, JUNE 19, 2023 from 1:00PM to 3:00PM.** Requests will be taken on a first come, first served basis. We ask that you go to the church where you will be given a number at your time of arrival.

After June 19, please visit the parish office from 11:00-12:00pm.

There will be a **Saturday Vigil/Sunday Mass limit of two (2) for each person** requesting masses. **Weekday masses will be limited to four (4) for each person.**

All masses on Mother's Day and Father's Day 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.

Please **PRINT OR TYPE** all requests using **the form on reverse only.**

Sorry No requests will be taken over the phone, mail, fax or e-mail. Bring this form with you to the Parish Center Office. Please complete form in it's entirety. **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

Offering of \$10.00 FOR EACH MASS (EXACT CASH or check payable to Ascension, no credit cards)

MASS SCHEDULE

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

PLEASE PRINT Or Type All Information Clearly

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YOUR NAME: _____

ADDRESS: _____

CITY _____ ZIP CODE _____

HOME PHONE: _____ CELL PHONE: _____

Office Use Only	
Date	_____
Total Masses	_____
Donation	_____
Check #	_____
Cash	_____
Entered	_____

SATURDAY/SUNDAY

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

WEEKDAY

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

SANCTUARY CANDLE*ALTAR BREAD & WINE*ALTAR FLOWERS

MEMORIAL CANDLES

SANCTUARY CANDLE: \$15.00

ALTAR BREAD & WINE: \$25.00

ALTAR FLOWERS: \$50.00 EACH BASKET

ALL OFFERINGS BEGIN ON SATURDAY AND END ON THE FOLLOWING FRIDAY

MEMORIAL CANDLES

Please see information below

2024 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: _____

Donation Amount: _____

2024 MEMORIAL CANDLES

____ Sacred Heart

____ Blessed Virgin Mary

\$25/1 month-\$45/2 months-\$65/3 months-\$85/4 months- \$100/5 months-\$120/6months-\$200/1 year

In Memory of: _____

Date Requested: _____

Requested By: _____

Donation Amount: _____