

# Mass Request Form

St. Francis de Sales Catholic Church

587 Landers Drive SW

Mableton, GA 30126

*(PLEASE PRINT ALL INFORMATION)*

Mass Intention:

\_\_\_\_\_

If applicable: \_\_\_\_\_ living \_\_\_\_\_ deceased

\_\_\_\_\_  
↑ Requested Date, if any, for the Mass  
(Dates are not guaranteed)

\_\_\_\_\_  
↑ Mass Requested by  
(name to be placed in bulletin or N/A if no name)

\_\_\_\_\_  
↑ Your Name (for contacting)

\_\_\_\_\_  
↑ Your Contact Information (phone or email)

\_\_\_\_\_  
↑ Today's Date

Enclosed Stipend \$ \_\_\_\_\_  
(\$10.00 Archdiocesan Stipend per Mass)

Please place this form and the Mass Stipend in an envelope and place the envelope in the Sunday collection, or mail/deliver to the church office. **You may have no more than three outstanding Mass requests in the queue.**

587 Landers Dr SW, Mableton, GA 30126

Mass cards & notifications are the responsibility of the person requesting the Mass.