

## ST. BERNARD MASS INTENTIONS FORM

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*MASS INTENTIONS CAN BE SCHEDULED 3 WEEKS FROM TODAY'S DATE\***

**Mass Schedule:**

**Saturday Vigil: 4PM**

**Sunday: 7AM, 9AM & 11AM**

**Monday & Wednesday: 6:30AM**

**Tuesday & Thursday: 5:30PM**

**Friday: Noon**

**Saturday: 8AM**

	Mass Date:	Mass Time:	Mass Intention:
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**OFFICE USE:**

# of Masses Requested: \_\_\_\_\_ \$5 each: \_\_\_\_\_ Payment: Cash or Check#: \_\_\_\_\_

Received by: \_\_\_\_\_ Receipt #: \_\_\_\_\_