

2025 MASS INTENTION REQUEST FORM

PLEASE PRINT ALL INFORMATION CLEARLY

Name: _____ Today's Date: _____

Phone Number: _____ E-Mail Address: _____

If my requested date is not available, I prefer you to select a Mass (please check one)

- on the same day of the week as requested (i.e. Tuesday, Sunday at 11am) OR
 on the closest date available, regardless of the day of week or time of Mass.

FIRST REQUEST:

Intention:	Circle One: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:

SECOND REQUEST:

Intention:	Circle One: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:

THIRD REQUEST:

Intention:	Circle One: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:

FOURTH REQUEST:

Intention:	Circle One: Living Deceased Living/Deceased Members of the Family
Requested Date:	Requested Mass Time:

Please return completed form and payment to Saint Thomas Aquinas Church, c/o Keri Dailey,
144 North Fifth Street, Zanesville, OH 43701; or put form and payment in the offertory basket or mail drop.