

## 2019 MASS BOOK INTENTIONS FORM

Please use this form for all requests for Mass Intentions for Ascension's 2019 Mass Book.

We will accept requests beginning **Tuesday, MARCH 6, 2018 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.**

There will be a Saturday Vigil/Sunday Mass limit of three (3) 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. *Please Note: These requests will be processed starting March 12th., 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 rectory office no requests will be honored if not on proper form. If you have any questions, please call the Rectory at 201-836-8961. Thank you for your cooperation.

**One Form Per Person, please do not bring forms for others**

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

### **\*\*\*NEW MASS SCHEDULE**

**\*\*\*MONDAY, WEDNESDAY, FRIDAY: ONE MASS AT 7:00AM**

**\*\*\*TUESDAY & THURSDAY: ONE MASS AT 8:30AM**

**SATURDAY MORNING: 8:30AM**

**FRIDAY: 7:30PM DURING LENT ONLY (beginning Friday, March 8-April 12)**

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

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

### **SUMMER MASS SCHEDULE:**

**BEGINNING MONDAY, JULY 1 through FRIDAY, AUGUST 30, 2019**

**ONE DAILY MASS. MONDAY through FRIDAY: 8:00AM**

**SATURDAY MORNING: 8:30AM**

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

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

### **HOLY DAY & HOLIDAY MASS SCHEDULE AS NOTED IN BULLETIN**

**SANCTUARY CANDLE for week: Donation \$15.00**

**ALTAR BREAD & WINE for week: Donation \$40.00**

**ALTAR FLOWERS for week: Donation \$50.00 Each Basket**

**No Altar Flowers during Lent (March 6 through April 17).**

**(Week begins on Saturday ends on Friday)**

**Please Turn Over & Complete Form**

**Please Print Or Type All Information Clearly**

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

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

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

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

<b><u>Office Use Only</u></b>	
Date	_____
Total Masses	_____
Donation	_____
Check #	_____
Cash	_____
Entered	_____
Hand/Mail	_____

<b><u>SAMPLE</u></b>	
Proposed <b><u>Day &amp; Date</u></b> : Monday, Feb. 7	Proposed Mass Time: 7:00am
Full Name: Robert Jones	Deceased: X Living:

**SATURDAY/SUNDAY**

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

**WEEKDAY**

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

**2019 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: \_\_\_\_\_, \_\_\_\_\_