



Mass Intention Request Form

Complete the information below and return (along with your desired donation) to the church office (2314 Third Ave Scottsbluff, NE 69361) or mail to PO Box 349, Scottsbluff, NE 69363. Form and donation can also be placed in the weekly collection basket. Please make checks payable to St. Agnes Catholic Church.

Please print legibly.

Date: _____

This Mass will be offered **for**: _____

Is this person living or deceased? _____ Living _____ Deceased

This Mass is being offered **by**: _____

Donation Amount: \$ _____ (The suggested donation for each Mass is \$10)

Number of Masses to be offered _____

Desired date(s) for the Mass: _____

Contact Information (In case of questions): _____ Phone Number

_____ Email Address

For Office Use Only

_____ Updated list of upcoming intentions

Mass was offered on _____ / _____ / _____

_____ Recorded in register

_____ Updated register with Mass date