

Today's Date: _____

ST. JAMES CATHEDRAL
MASS REQUEST FORM

Person Mass is for: _____

Living

Deceased

Person requesting Mass: _____

Card Taken?

Yes

No

Card Mailed?

Name

Address

City/State/Zip

Donation: \$ _____

FOR OFFICE USE ONLY

Date Mass offered: _____

Priest offering Mass: _____

Name of person completing this form: _____

We regret that we are not able to guarantee a particular date or time when the Mass will be offered. Please fill out this form and return it with your freewill offering to:

Mass Request
St. James Cathedral
804 Ninth Avenue
Seattle, WA 98104