

Mass Intention

Mass For: _____
 Living Deceased

Date, If Requested: _____ Time: _____

Your Name: _____

Address: _____

Stipend: _____ Date Received: _____

Received By: _____

Stipend, along with completed form, may be mailed to the following address:

St. John Nempucene Catholic Church
PO Box 27 ~ 167 Newton Ave
Pisek, ND 58273