

PARISH OF GUARDIAN ANGEL/SAINT COLUMBA
MASS INTENTION FORM

Please provide the following information including a 2nd date for the Mass in case your first choice is not available.

Your Name: _____ Ph: _____

E-mail: _____

Mass intention for : _____ / ___ living ___ deceased

If living, please note the reason for the Mass: _____

Mass requested at: ___ Guardian Angel Church ___ St. Columba Church

(1) Date (if Requested): _____ Mass Time: _____

(2) Date (if Requested): _____ Mass Time: _____

Mass intention for : _____ / ___ living ___ deceased

If living, please note the reason for the Mass: _____

Mass requested at: ___ Guardian Angel Church ___ St. Columba Church

(1) Date (if Requested): _____ Mass Time: _____

(2) Date (if Requested): _____ Mass Time: _____

Mass intention for : _____ / ___ living ___ deceased

If living, please note the reason for the Mass: _____

Mass requested at: ___ Guardian Angel Church ___ St. Columba Church

(1) Date (if Requested): _____ Mass Time: _____

(2) Date (if Requested): _____ Mass Time: _____

PLEASE MAIL (OR E-MAIL) COMPLETED FORM TO:
Parish of Guardian Angel/ St. Columba, 343 West 25th Street, New York, NY 10001
Ph: (212) 807-8876, E-mail: saintcolumba@outlook.com