

St. Anthony of Padua Catholic Church
3305 Glen Carlyn Rd.
Falls Church, VA 22041
703-820-7111

Registered

MASS REQUEST FORM (PLEASE PRINT)

Name: _____

Telephone #: _____

Name (or Intention) for whom the Mass will be offered	Living or Deceased	Requestor (as will be entered in the Mass Book)	Date requested and Mass Time

-----OFFICE USE ONLY-----

Date and Time Mass Scheduled: _____

Donation received: \$ _____ Write amount: _____ Dollars

Method of payment (check one): ___Cash ___Check ___Money Order

Received by: _____ Date: _____

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