

OUR LADY HELP OF CHRISTIANS

“PARROQUIA MARIA AUXILIADORA”

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MASS INTENTION REQUEST

DATE

TIME

FOR: 1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

DECEASED

BLESSINGS

BIRTHDATE

HEALTH

FOR INTENTIONS

WEDDING ANNIVERSARY

IN THANKSGIVING

REQUESTED BY: _____

ADDRESS: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE _____

RECEIPT # _____ \$ _____