

Holy Redeemer by the Sea Catholic Church

MASS INTENTION REQUEST
(Please PRINT/TYPE all information)

Mass intention requested for:

Mass intention: (Check one)

Deceased _____

Living _____

Healing _____

Other _____

Mass requested by: _____

Phone number: _____ **Cell number:** _____

Email address: _____

PREFERRED LOCATION:

Holy Redeemer _____
(Kitty Hawk)

Holy Trinity _____
(Nags Head)

PREFERRED DATES:

1st Choice: _____ Time _____

2nd Choice: _____ Time _____

3rd Choice: _____ Time _____

If you do not specify a date and location, you will be given the first available Mass time. Please send your donation (\$10.00 minimum) to: Holy Redeemer by the Sea Catholic Church, P.O. Box 510, Kitty Hawk, NC 27949-0510 (If you are paying by check, please note on the memo line the date of the Mass Intention.)

Office Use Only:

Donation Amount Received: _____

Entered in Mass Intention Book by: _____