

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:**

1<sup>st</sup> Choice: \_\_\_\_\_ Time \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_ Time \_\_\_\_\_

3<sup>rd</sup> 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: \_\_\_\_\_