



Transfiguration Parish | 94 McKrell Road | Russellton, PA 15076 | 724-265-1030 | www.trcparish.org

Mass Intention Request Form

Today's Date _____

Person Requesting Mass (By): _____

Address _____

Phone Number _____

Mass Intention For _____

Mass Date(s) Requested _____

Mass Time _____

Type of Mass Requested Death Remembrance Birthday Remembrance
 Wedding Anniversary Other _____

Can this Mass be moved to a different date if necessary? ___yes ___no

Did you want an email confirmation of this Mass? ___ yes or ___ no. If yes, please provide your email address:

(Clearly print - Email Address)

Send completed form along with \$10 stipend payment to:

Transfiguration Parish

94 McKrell Road

Russellton, PA 15076

(Checks can be made payable to Transfiguration Parish)

Stipend Record:

Amount _____ Payment Type _____ Recorded by _____