

St. Rose Church Mass Book 2024

My Dear Ones,

At long last, the time to open the Mass Book has arrived! Throughout my pastorate we will follow the procedure of filling out this form, which we will process and then notify you. On Wednesday September 6th and Thursday September 7th you will be able to come to the rectory to request masses. Going forward, the Mass Book will be open on Wednesday and Thursday of the 1st week of September.

Please fill out the Mass Request Form and place it in the next week’s collection basket, mail, or deliver to the Rectory.

Thank you for your cooperation and kindness,
Father Jordan

The Catholic Church’s Code of Canon Law states: “It is not lawful for any parish to accept more intentions for Masses than can be satisfied within one year’s time” (Canon #953).

For this reason, and in order to satisfy the request for Mass intentions from all of our parishioners, we ask that parishioners from large families get together with other family members and schedule Masses for deceased loved ones as a family request, so that we do not have multiple requests for the

There is a limit of **2 Mass intentions per deceased. Maximum number of Masses is (6) per year per family.** The Mass times are Monday thru Friday 8:30 am, Saturday Vigil is 4:00 am, and Sunday Masses will be 8:30 am and 11:00 am. **Mass Offering is \$10.00 per intention and Candles are \$10.00. Payment must accompany all requests.**

Mass Intention _____

Requested by _____

Date and Time requested: *Masses are not definite until you are notified they have been scheduled.*

Date Requested: _____ Alternate Date: _____

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Mass Intention _____

Requested by _____

Date and Time requested: *Masses are not definite until you are notified they have been scheduled.*

Date Requested: _____ Alternate Date _____

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Send completed form with Offering to:

St. Rose Church
48 E. Main Street
Girard, Ohio 44420
Ph# 330 545-4351

ALL MASSES, CANDLES & ALTAR MEMORIALS MUST BE PRE-PAID

Please write a separate check for Mass Intentions. Do not combine it with your Sunday Offering or with any other donation to the Church.

Name: _____

Contact Number: _____
(You will be contacted/email to confirm Masses and Candles)

Total Enclosed _____