St. Wenceslaus
CATHOLIC CHURCH
IOWA CITY, IOWA

2027 Mass Intention Request Form

Please complete this form and return it to the parish office with your stipend.

Guidelines & Policy

• **Limits:** Each family may request up to 10 Mass intentions per calendar year, including 3 weekend Masses. The same intention may be scheduled up to 10 times per year. Extras will be sent to the Diocese.

• **Scheduling:** Requests may be made up to one year in advance. Requested dates and times are not guaranteed, but we do our best to honor them. If your preferred date is unavailable, we invite you to hold your intention in prayer on that day.

• **Stipend:** A minimum $10 honorarium per Mass is requested (as determined by the Diocese) to support the priest celebrating the Mass. Intentions must be paid at the time of the request to be scheduled.

• **Overflow & Changes:** If all parish Masses are filled, remaining intentions will be sent to the Diocese to be celebrated by retired priests. If a Mass must be rescheduled due to unforeseen circumstances, the parish office will contact you.

1. Requester Information

Full Name: _____ Phone Number: _____

Email: _____ Mailing Address: _____

2. Mass Intention Details (Up to 10 per year)

#	Intention Name/Family Name	Type	Preferred Date & Time (e.g., Nov. 10, 8:00 AM)	Alternate Date & Time
1		[ ] Living [ ] Deceased		
2		[ ] Living [ ] Deceased		
3		[ ] Living [ ] Deceased		
4		[ ] Living [ ] Deceased		

#	Intention Name/Family Name	Type	Preferred Date & Time (e.g., Nov 10, 8:00 AM)	Alternate Date & Time
5		[ ] Living [ ] Deceased		
6		[ ] Living [ ] Deceased		
7		[ ] Living [ ] Deceased		
8		[ ] Living [ ] Deceased		
9		[ ] Living [ ] Deceased		
10		[ ] Living [ ] Deceased		

3. Honorarium & Acknowledgment

Total Masses Requested: _____ x $10.00 Requested Stipend = **Total Offering: $_____**

Payment Method: [ ] Cash | [ ] Check (Check #: _____)

By signing below, I acknowledge that I have read the parish guidelines and understand that requested dates/times are tentative and subject to availability or unforeseen rescheduling.

Requester Signature: _____ Date: _____

Parish Office Use Only
Date Received: _____ Total Paid: _____ [ ] Cash [ ] Check #_____ Recorded in Calendar By: _____ Date Logged: _____