



St. Chavara Syro-Malabar Catholic Mission
Cincinnati, OH
St Thomas Syro-Malabar Catholic Diocese of Chicago
www.stchavaracincinnati.org

MASS INTENTION REQUEST

Date Mass Intention Requested For: _____

Mass Intention Request For: _____

Name of the Person Requesting: _____

Date: _____

Signature of the Requestor:

SCM Member: ____ Yes ____ No

Note: **\$50** – *Non SCM Member Fee*; **\$20** – *SCM Member Fee*. If payment is in the form of a check, please address it to “*St. Chavara Mission*” and hand this form and fee payment to the Treasurer.

For SCM Office Use:

Treasurer Request Received:

Date

Signature

SCM Director Approval:

Date

Signature