St. Callistus Mass Intention Request Form for 2027

****MAXIMUM OF EIGHT (8) MASS REQUESTS PER FAMILY OR INDIVIDUAL****

Name: _____ Phone (Daytime) _____

Address: _____ Phone (Evening) _____

The suggested offering is $10.00 per person per Mass.

This Form must be completely filled out. Bring completed form to the Parish Office or mail it with your offering (check payable to **St. Callistus Church**) to: St. Callistus Church, 3580 San Pablo Dam Road, El Sobrante, CA 94803. **Include a self-addressed stamped envelope if you want a copy/confirmation of your request.**

- ***In fairness to other families, please limit your request to a maximum of 8 Mass requests/dates and share Sunday Mass times. Please do not ask for all Sundays for all your Mass requests.***

NO phone or e-mail requests, please.

Date	*Time*	*For the Intention of: (Please Print)*	*Living*	*Deceased*	*Offered by:(Please Print)*

FOR PARISH STAFF ONLY:	**Date Received:** _____	**Amount Recd:** $ _____	☐ **Cash** ☐ **Check No.** _____	**Received & Recorded by:** _____