

Mass Request Form

_____ requests that the Divine Liturgy be
(Name)

offered for

a) the repose of the soul of

or b) the intention of

Date requested:

Mass Card to be sent to:

(Name)

(Address)

*Please return this form to the parish office, drop in the collection basket, or mail to:
Our Lady of Lebanon
950 N. Grace Street
Lombard, Il 60148*