SAINT PAUL OF THE CROSS PARISH 2027 INTENTION GUIDELINES
Mass ~ Sanctuary Tributes ~ Alar Flowers

Effective **Monday, October 5, 2026**, a new Mass Intention, Sanctuary Tribute and Altar Flower Intentions Request Policy will be in effect. Intention Request Forms MUST be completed and returned to the parish office by mail, collection basket, or in person. All requests must be received on these forms; **NO requests will be accepted by phone or email**. Copies are available in the church, on the parish website, and in the parish office.

Mass Intention Requests:

1. Will be scheduled on a first-come, first-served basis, **in the order the forms are received at the office**.
2. The Mass locations and times are as follows:

Saint Anne Church
Saturday Vigil Mass: 4pm
Sunday Mass: 8am, 10am and 6pm
Weekday Masses: Monday – Saturday: 8am, Tuesday: 6:30pm

Saint Winifred Church
Saturday Vigil Mass: 5:30pm
Sunday Mass: 11:30am

3. A Mass for the **People of the Parish** is to be celebrated weekly. These Masses are scheduled in advance of the opening of the Mass Intention Book. On a rotating basis, intentions for the **People of the Parish** will be scheduled for a weekend Mass and on Holy Days of Obligation. Additionally, Mass Intentions for the People of the Parish are scheduled for the following holidays: New Year's Day, Holy Thursday, Holy Saturday, Easter, Mother's Day, Father's Day, All Souls Day, All Saints Day, Thanksgiving Day, Christmas Eve and Christmas Day.
4. At this time, each registered household can schedule a total of **three (3)** Masses, **one (1)** weekend Mass (Saturday Vigil/Sunday) and **two (2)** weekday Masses. A **$10** stipend (make checks payable to Saint Paul of the Cross Parish) for each Mass Intention is required and **must be included with the Mass Intention Request Form**.
5. Contact information must be provided to process the requests. A copy of the approved requests will be emailed and mailed to the contact information provided on the request form. If it is not possible to schedule an intention for the date requested, you will be notified by the parish office and asked to provide an alternate date. **An unavailable date is the only reason you will receive a phone call**.
6. **Due to the high demand, 2027 Mass requests will be accepted through the end of December 2026. In January 2027, additional requests will be taken, subject to availability.**

Sanctuary Tributes and Altar Flower Requests:
Four (4) memorials will be offered each week and published in the bulletin. Intentions can be offered for each sanctuary lamp (the red candles nearest to the tabernacle) and each flower arrangement on the Blessed Virgin Mother and Saint Joseph altars in St. Anne Church.

1. Beginning on **Saturday, October 10, 2026**, these memorials will be dedicated to one intention per week (Saturday to Saturday).
2. Each registered family can schedule a total of **four (4) Memorial Intentions**, which will be scheduled on a first-come, first-served basis, **in the order the forms are received at the office.**
3. A stipend of **$20** is required per sanctuary lamp and **$30** per flower arrangement (checks made payable to Saint Paul of the Cross Parish). **Payment must be included with the Intention Forms**.
4. No flower memorials will be accepted during the season of Lent (February 6 – March 26).
5. If it is not possible to schedule an intention for the date requested, you will be notified by the parish office and asked to provide an alternate date. **An unavailable date is the only reason you will receive a phone call or email**.

2027 MASS INTENTION REQUEST

Please Print (*Contact information must be provided to process request*)

Your Name: _____ Total Amount Enclosed: $_____

Your Address: _____

Daytime Phone Number: _____ Email Address: _____

Saturday Vigil/Sunday Mass Request

Mass Intention For: _____ Living: ___ Deceased: ___

Requested By: _____ Mass Date Requested: _____

Please ✓ : ___ First Available ___ 4pm Sat. (St. Anne) ___ 5:30pm Sat. (St. Winnifred)

___ 8am Sun. (St. Anne) ___ 10am Sun. (St. Anne) ___ 11:30am Sun.(St. Winnifred) ___ 6pm Sun. (St. Anne)

Alternate Date #1: _____ Alternate Date #2: _____

Weekday Mass Request

Mass Intention For: _____ Living: ___ Deceased: ___

Requested By: _____ Mass Date Requested: _____

Please ✓ : ___ 8am Monday – Saturday (St. Anne) ___ 6:30pm Tuesday (St. Anne)

Alternate Date #1: _____ Alternate Date #2: _____

Weekday Mass Request

Mass Intention For: _____ Living: ___ Deceased: ___

Requested By: _____ Mass Date Requested: _____

Please ✓ : ___ 8am Monday – Saturday (St. Anne) ___ 6:30pm Tuesday (St. Anne)

Alternate Date #1: _____ Alternate Date #2: _____

Mass cards **will not be included with the copy of the approved request form you receive in the mail.
(Please contact the Parish Office if you would like to retrieve a blank Mass card)

[OFFICE USE ONLY]

DATE RECEIVED: _____ # _____ CHECK # _____ CASH _____ AMOUNT RECEIVED: _____

Date approved: _____ By (initials): _____ Scanned/Copy: ___ Emailed/Mailed: ___

Index Ref. Request #1 _____ Index Ref. Request #2 _____ Index Ref. Request # 3 _____

MEMORIAL REQUESTS

Please Print (*Contact information must be provided to process request*)

Your Name: _____ Total Amount Enclosed: $_____

Your Address: _____

Daytime Phone Number: _____ Email Address: _____

Memorial Request #1 (sanctuary lamp tribute **OR** altar flowers) **Requested weeks are Saturday to Saturday**

Please ✓ :

Tribute for one (1) Sanctuary Lamp $20 Stipend: ___

Altar Flowers $30 Stipend: ___ Blessed Virgin Mother Altar **OR** ___ Saint Joseph Altar

For: _____ Living: ___ Deceased: ___

Requested By: _____ Week Requested: _____

Alternate Week #1: _____ Alternate Week #2: _____

Memorial Request #2 (sanctuary lamp tribute **OR** altar flowers) **Requested weeks are Saturday to Saturday**

Please ✓ :

Tribute for one (1) Sanctuary Lamp $20 Stipend: ___

Altar Flowers $30 Stipend: ___ Blessed Virgin Mother Altar **OR** ___ Saint Joseph Altar

For: _____ Living: ___ Deceased: ___

Requested By: _____ Week Requested: _____

Alternate Week #1: _____ Alternate Week #2: _____

Memorial Request #3 (sanctuary lamp tribute **OR** altar flowers) **Requested weeks are Saturday to Saturday**

Please ✓ :

Tribute for one (1) Sanctuary Lamp $20 Stipend: ___

Altar Flowers $30 Stipend: ___ Blessed Virgin Mother Altar **OR** ___ Saint Joseph Altar

For: _____ Living: ___ Deceased: ___

Requested By: _____ Week Requested: _____

Alternate Week #1: _____ Alternate Week #2: _____

Memorial Request #4 (sanctuary lamp tribute **OR** altar flowers) **Requested weeks are Saturday to Saturday**

Please ✓ :

Tribute for one (1) Sanctuary Lamp $20 Stipend: ___

Altar Flowers $30 Stipend: ___ Blessed Virgin Mother Altar **OR** ___ Saint Joseph Altar

For: _____ Living: ___ Deceased: ___

Requested By: _____ Week Requested: _____

Alternate Week #1: _____ Alternate Week #2: _____

[OFFICE USE ONLY]

DATE RECEIVED: _____ # _____ CHECK # _____ CASH ____ AMOUNT RECEIVED: _____

Date approved: _____ By (initials): _____ Mass Req. Form #: _____ Scanned/Copy: ____ Emailed/Mailed: ___