

Mass Intentions for 2022 at OLG

Because of the limited number of Masses celebrated at OLG and the overwhelming requests for Mass Intentions every year, each household is limited to 3 Intentions for Masses celebrated at OLG. However, there are unlimited Mass intentions for Masses celebrated by the Oblates at the De Sales Center Residence in Childs, MD.

For Weekend Masses in 2022, there will be 5 Mass intentions per weekend. The intentions will be announced at the beginning of all weekend Masses. The intentions are not assigned to particular Masses. Intentions for Daily Mass will remain at 8:30am and during Lent 12:10pm Mass. Masses on federal holidays are at 9:00am.

The suggested donation is \$10 for each Mass. Please print.

Your name _____

Email _____ **Phone** _____

Intention 1 _____ Living: ____ Deceased: ____

Date requested: _____ Alternate Date: _____
(circle one) **Weekday Mass** 8:30am, 12:10pm (March 3rd – April 13th) OR **Weekend Mass**

Intention 2 _____ Living: ____ Deceased: ____

Date requested: _____ Alternate Date: _____
(circle one) **Weekday Mass** 8:30am, 12:10pm (March 3rd – April 13th) OR **Weekend Mass**

Intention 3 _____ Living: ____ Deceased: ____

Date requested: _____ Alternate Date: _____
(circle one) **Weekday Mass** 8:30am, 12:10pm (March 3rd – April 13th) OR **Weekend Mass**

Office Use Only

Received by: _____ Date: _____ Time: _____

Paid: (Y) (N) Amount: _____

**Mass intentions for Masses celebrated by the Oblates
at the DeSales Center Residence in Childs, MD.**

We will forward this to Childs, MD, and the Oblates there will do their best to fulfill your requests.

Your name _____

Email _____ **Phone** _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Intention _____ Living: ____ Deceased: ____

Date requested _____

Office use only

Received by: _____ Date: _____ Time: _____

Paid: (Y) (N) Amount: _____