



Apostles of the Sacred Heart of Jesus

MARY, QUEEN OF APOSTLES PROVINCE

Mass Request Form for Mount Sacred Heart Chapel

Mass is celebrated at Sacred Heart Chapel in Hamden, Connecticut, daily from **September through May at 6:30 AM** on most school days. Please be aware that when Mass is canceled due to weather or unforeseen circumstances, you will be contacted in order to reschedule the Mass on the next available day. If you have any questions, please contact Jennifer Regan at 203-248-4225.

Please fill out this form completely and return with the Mass offering of \$15 to:

Jennifer Regan
Mount Sacred Heart
295 Benham Street
Hamden, CT 06514

I would like Mass offered for: _____
(Please print clearly)

If the intention is for a person, is this person _____ living OR _____ deceased
(Please check one)

I would like this Mass scheduled for: _____ first available
(Please check one)
_____ closest available to (date): _____
_____ the specific date of : _____
(Please note: a specific date might not be possible, but we will call you to schedule the best possible date available)

Your Name: _____

Full Address: _____

Email: _____ Phone: _____

We will mail the Mass card to the above address unless otherwise specified.

Please make check payable to Apostles of the Sacred Heart of Jesus, or charge to:

☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on credit card: _____

Card #: _____ Exp. Date: _____ CVV: _____

Amount: _____ Signature: _____

You may also arrange for a Mass by visiting our website at www.ascjus.org.