



Clergy/Religious Registration Form

Name _____ Phone # () _____
Address _____ E-mail _____
City/State _____ Zip Code _____
Name of Parish _____ Diocese _____

Priest NO CHARGE

I wish to Concelebrate Mass

Friday – Opening Mass (3:00 PM)

Saturday – Mass with Anointing of the Sick (8:00 AM)

Saturday – Candlelit Procession and Closing Mass (7:30 PM)

I am available to hear Confessions

Friday 6:00 PM 7:00 PM 8:00 PM 9:00PM

Saturday 3:00 PM 4:00 PM 5:00 PM 6:00PM

Deacon/Religious NO CHARGE

I wish to assist at Mass

Friday – Opening Mass (3:00 PM)

Saturday – Mass with Anointing of the Sick (8:00 AM)

Saturday – Candlelit Procession and Closing Mass (7:30 PM)

List Additional Names for Registration Here