

REQUEST FOR ST. JOSEPH CANDLE

This candle is located in the Gathering Space. It is available for \$50 and is lit for two weeks. It is a beautiful way to honor an anniversary, baptism, and birthday or to remember someone who has gone before us.

Date Requested _____ Name of Requesting Person _____

Phone Number of Requesting Person _____

Name of Person that the Candle Is For: _____

Choose one: In Memory of For healing of In celebration of _____

A gift from: _____

Name & Address of where the card should be mailed:

(This candle is lit for two weeks from Saturday through Friday, call the office for specific dates):

In order for your requested dates to be included in that weekend's bulletin, it must be received before noon, the preceding Monday. Your date request will be honored based on availability of candles. You will be contacted to confirm this form.

(Have requester mail check to the attention of Front Desk)