



MOST HOLY TRINITY PARISH

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SANCTUARY LAMP& CANDLE FORM

(Please Print Clearly - illegible writing may result in misspellings)

Sanctury Lamp In Memory of: _____

Altar Candles In Memory of: _____

Date Preference: Week of : _____

(starts **Monday thru Sunday**)

**If desired date is already scheduled, the next closest date will be selected.*

Name of Person(s) or Group requesting : _____

Address: _____

Email: _____

Phone Number: _____

Suggested Donation: \$ 10.00 Sanctuary Lamp

\$ 10.00 Altar Candles

Intentions will be listed in the Bulletin unless other notification is given. Intentions must be submitted **at least 3 weeks** prior to the date requested.

Official Office Use