

SCHEDULED LITURGY

FOR MOST REVEREND JOHN C. WESTER, ARCHBISHOP OF SANTA FE

Please print or type clearly, and fax (with a copy of program) to 505-831-8101 or send electronically to mamascarenas@archdiosf.org.

DATE OF LITURGY (INCLUDE DAY OF WEEK): _____

REASON FOR LITURGY: _____

NAME OF SPONSORING/HOSTING PARISH/INSTITUTION/GROUP: _____

ADDRESS WHERE MASS WILL TAKE PLACE (INCLUDE STREET ADDRESS, CITY, ZIP CODE, DIRECTIONS AND PARKING INSTRUCTIONS: _____

PASTOR/PRINCIPAL: _____

PARISH/SCHOOL PHONE: _____

PASTOR'S/PRINCIPAL'S OFFICE AND MOBILE PHONES: _____

SETUP TIME: _____ START TIME: _____

ARCHBISHOP EXPECTED AT (TIME): _____

ESTIMATED END TIME: _____

PAROCHIAL VICARS/PRIESTS IN RESIDENCE/DEACON(S)/SIGNIFICANT STAFF: _____

HOMILIST: _____

READINGS: _____

COLOR OF VESTMENTS: _____

SIGNIFICANT PEOPLE ATTENDING: _____

MEAL BEFOREHAND? _____ RECEPTION TO FOLLOW? _____ MEAL TO FOLLOW? _____

PARKING INSTRUCTIONS: _____

Form Completed by: _____ Phone (include mobile): _____

Date (please return at least 10 days before Liturgy): _____

Updated 12/01/2020