

2025 SANCTUARY LAMP REQUEST FORM



Please print all information clearly

Person Requesting Sanctuary Lamp

Name: _____ Phone #: _____
(First) (Last)

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Church where you are registered: St. Theresa St. Christopher Other: _____

Sanctuary Lamp Request Policy

Requests in memory of a loved one or for a special intention for the Sanctuary Candle may be made for one weeks time beginning on Sunday and ending on Saturday. The name will be published in the bulletin so that your intention can be prayed for by everyone during that time.

To insure consistent and fair opportunity for all desiring an intention for a loved one or event, we can schedule no more than 4 (four) per year from each donor or for an intention. You are welcome to request a specific week and we will try to accommodate your request, however due to the volume of requests we receive, we can not guarantee that the date you request will be available.

Requests will be granted as close to the requested date as possible. If it is not possible to comply with the primary request, the next closest date and time will be scheduled. If you do not specify a date and location, you will be given the first available week.

Requests are processed on a first-come, first-serve basis in the order in which the request is received at the Parish Office. Requests are processed on Mondays, Tuesdays and Wednesdays from 8:30am-12noon. Please allow at least two weeks for your request to be processed. Once your request has been processed you will receive a notice by mail or email.

Normal offering for the Sanctuary Candle: \$10.00 per request. Please make checks payable to the church for which the request is made.

For Office Use Only

Received: _____ Entered: _____ Donation: \$ _____ Check #: _____ Notice Sent: _____

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Person / Intention for Sanctuary Candle

Please indicate the date and location you prefer here. We will try our best to accommodate your request. If you do not specify a date and location, you will be given the first available week.

Name: _____

Date Preferred: _____ Church Preferred: _____

Person / Intention for Sanctuary Candle

Please indicate the date and location you prefer here. We will try our best to accommodate your request. If you do not specify a date and location, you will be given the first available week.

Name: _____

Date Preferred: _____ Church Preferred: _____

Person / Intention for Sanctuary Candle

Please indicate the date and location you prefer here. We will try our best to accommodate your request. If you do not specify a date and location, you will be given the first available week.

Name: _____

Date Preferred: _____ Church Preferred: _____

Person / Intention for Sanctuary Candle

Please indicate the date and location you prefer here. We will try our best to accommodate your request. If you do not specify a date and location, you will be given the first available week.

Name: _____

Date Preferred: _____ Church Preferred: _____

**CATHOLIC FAITH COMMUNITIES OF
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