CAPUCHIN MISSIONARY ASSOCIATION
SAINT JOHN THE BAPTIST OF PUERTO RICO CUSTODY
787-764-6080 / 787-224-9700 / amcapuchinapr@gmail.com

All souls Novena 2026

Peace and Good

Brothers and sisters, for Saint Francis of Assisi, death was not an enemy to be feared, but rather "Sister Death," for she too accompanies us toward our encounter with God. That is why, when we remember our deceased brothers, we do so not only with sadness but also with affection, gratitude, and hope.



They were part of our lives, shared our journey, and left their mark on our hearts. And although they are no longer physically with us, we can continue to love and help them through our prayers. Saint Francis invites us to pray the "De Profundis" and the "Our Father" for them, placing their lives in the merciful hands of God our Father.

Therefore, participating in a novena for our deceased loved ones is far more than merely observing a tradition; it is an opportunity to gather as family and community to remember, give thanks, and pray together.

Fr. Gamalier, please include in your prayers the following intentions for the

All souls Novena 2026

Name:_____ Phone: _____

People and intentions included in your prayers.

_____
_____
_____
_____
_____



Every "Our Father", every psalm, and every word of prayer is an expression of love that we place in God's hands. Following Saint Francis's teaching, we can approach this novena with a willing heart, without fear and with great faith; for as we remember our loved ones, we also learn to cherish life more deeply, to forgive, to embrace those around us, and to share goodness.

Let us pray with love for those who have departed, celebrate with gratitude the life God gave us alongside them, and keep alive the hope that one day we shall all meet again in the home of our Heavenly Father.

With fraternal affection,



Fr. Gamalier Martínez, OFM Cap.
Director
Capuchin Missionary Association

Please accept my donation of: _____$40 _____$50 _____$60 _____$100 Another amount $ _____

The recurrence of my donation will be: ___ One time ___ Monthly

Please complete your personal information:

Name: _____

Phone: _____

Email: _____

Address: _____

Please complete this section only if your donation is by credit or debit card:

Credit card number: _____

Expiration date: Month _____ Year _____ Security code: _____ Signature: _____