



The Shrine of St. Thérèse.
Memorial Mass Association
Registration Form

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email Address: _____

- † The Memorial Mass Association is for those who seek prayers for deceased members of their families, and others.
- † Mass is said for enrollees on a monthly basis.
- † Enrollment is renewable annually.

Number of enrollees (up to 10) _____ x \$5 = _____

Number of enrollees (over 10) _____ x \$3 = _____

Please list names of enrollees on the reverse of this form.

Make Checks Payable to:
St. Theresa's Church & Shrine
35 Dion Drive
Nasonville, Rhode Island, 02830
Office: 401-568-8280

List Enrollees in the memorial Mass Association below:

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

† Name: _____

Please continue on an additional sheet of
paper, if necessary.