

REQUEST FOR A PAPAL BLESSING

Please type or print the following information, enclose donation and post via air mail to:
CSFN Development Office, 310 N. River Road, Des Plaines, IL 60016; Fax: 847-803-3017

*First Name and Surname of the Person(s) for whom the Blessing is requested (note: for marriages state the first name and surname of the bride and the groom). **State the Roman Catholic Parish in which the person named is a member:***

1. First Name _____ **Surname** _____ **M.....F.....**

Parish _____ City _____ Diocese _____

2. First Name _____ **Surname** _____ **M.....F.....**

Parish _____ City _____ Diocese _____

Date of the occasion to be celebrated: day _____ month _____ year _____

Place of celebration (if applicable):

Roman Catholic Church _____ **City** _____

Officiating Roman Catholic Prelate _____

Check the type of occasion, and where specified, complete the additional information required in the space provided:

- Baptism**
 - First Communion**
 - Confirmation**
 - Marriage**
 - Marriage Anniversary** *state which, 10th, 25th, 50th, 60th*
 - Ordination***Priestly.....Permanent Diaconate.....*.....
 - Ordination Anniversary** *state which, 10th, 25th, 50th, 60th*
 - Parish Jubilee** *state which, 10th, 25th, 50th, 60th*
 - Birthday** *state which, 18th, 70th, 80th, 90th, 100th*
 - Religious Profession**
 - Jubilee of Profession** *state which, 10th, 25th, 50th, 60th*
- Name of Congregation**.....

Mail the Blessing to:

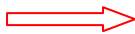
Name _____

Address _____

City _____ State _____

Country _____ Zipcode _____

Check the size of the Blessing requested and enclose the suggested donation to cover costs:



Size	Donation (includes postage)	Size	Donation (includes postage)
6" by 4"	US \$ 25.00	13.5" by 9.5"	US \$ 45.00
9" by 7"	US \$ 35.00	14" by 10"	US \$ 45.00
10" by 8.5"	US \$ 40.00	14.5" by 11"	US \$ 45.00
10" by 13.5"	US \$ 42.00	11.5" by 16"	US \$ 45.00
11" by 8"	US \$ 42.00	13" by 16"	US \$ 47.00
11" by 14"	US \$ 44.00	14" by 17"	US \$ 50.00

Name of Person Requesting the Blessing: _____

Address _____

City _____ State _____

Country _____ Zipcode _____ Telephone _____

Fax _____ E-mail _____