



National Votive Shrine of Our Lady of Prompt Succor

2701 State Street • New Orleans, Louisiana 70118

REQUEST TO SCHEDULE EXTRA ORDINARY CELEBRATIONS, CEREMONIES & EVENTS*

Type of Activity _____ With Mass _____

Day and Date Requested: _____ Time Requested: _____ Time Allotted: ____ (hrs.)
(Please check one or all :)

Pilgrimage Visit? _____ Pilgrimage w/Mass? _____ Shrine Tour? _____ Ursuline Museum Tour? _____

Name of Group (or Individual): _____

Address: _____ City: _____ State: ____ Zip: _____

Name/Title of Contact Person: _____

Preferred Ph# _____ E-mail Address: _____

Approx. Number of Guests Expected: _____ If a Mass, approx. number of those receiving the Eucharist _____

Does anyone in the group have special needs (parking, ramp, etc.)? _____

Will this be an annual or bi-annual event? Yes ____ No ____

Name of Presenter or Mass Celebrant (if Mass is requested): _____

Parish Ministry: _____ Preferred Phone # _____

Address: _____ City: _____ St: ____ Zip: _____

E-mail Address: _____

(A priest who lives and ministers outside of the Archdiocese of New Orleans must attach a "Letter of Suitability" that he would obtain from the Bishop in his own Diocese.)

The Ursuline Sisters respectfully request that a donation be made to help cover the operational expenses for these kinds of special activities. Your donation to the National Votive Shrine of Our Lady of Prompt Succor is sincerely appreciated and enables the Sisters to continue to offer these services to the faithful.

*Refers to Novenas, Missions, Retreats, Days of Recollection, Benedictions, Concerts, Special Masses and Events, etc.
For more information, or to make a request, please contact:

The National Votive Shrine of Our Lady of Prompt Succor
Request for Extra Ordinary Celebrations & Events

2734 Nashville Avenue (office) • New Orleans, Louisiana 70115

504.473.6750 • shrineolps@gmail.com • www.shrineofourladyofpromptsuccor.com

SUGGESTED FORMAT FOR SPECIAL EVENT MASS

IF THERE WILL BE MUSIC:

OPENING or PROCESSIONAL MUSIC: _____

Cantor: _____ **Musician/ Organist/Pianist:** _____

Altar Servers (If requested): _____

LITURGY of the WORD

READING #1: _____ **Reader #1:** _____

RESPONSORIAL PSALM: _____ **Read or Sung by** _____

READING #2: _____ **Reader #2:** _____

GOSPEL ACCLAMATION _____

GOSPEL _____

HOMILY

PRAYER of the FAITHFUL Read by _____

LITURGY of the EUCHARIST

OFFERTORY MUSIC: _____

PRESENTATION of the GIFTS by _____

SANCTUS

MEMORIAL ACCLAMATION

DOXOLOGY and AMEN

COMMUNION RITE

THE LORD'S PRAYER

SIGN of PEACE

AGNUS DEI

COMMUNION

EUCARISTIC MINISTERS _____

COMMUNION MUSIC: _____

COMMUNION MEDITATION MUSIC: _____

FINAL BLESSING

RECESSIONAL MUSIC: _____

SPECIAL NOTES:

Will there be a Photographer?

Will there be flowers delivered for the OLPS Altar (optional)?

Will there be Programs for distribution?

If 150 or more are expected to receive Communion, a Eucharistic Minister will be needed:

When this form is returned, the coordinator will contact you to confirm the requested date and time.

Request for Extra Ordinary Activities

For Office Use Only:

Today's Date: _____ Request Taken By: _____

Name of OLPS Staff Member who will be present to supervise during the event:
