

OUR MISSION

*As Catholic disciples of Jesus Christ
and His Church, we respond to
our Lord's Invitation to be faithful in prayer,
celebrate the Sacraments,
deepen our faith through lifelong formation,
serve those in need, and invite others
to the fullness of the Catholic faith.*

WEEKEND MASS SCHEDULE

Saturday

Vigil 5:30 PM

Sunday

Mass 9:30 AM

Social Hour 10:30 AM

WEEKDAY MASS SCHEDULE

Tuesday 6:00 PM

Wednesday 8:30 AM

Thursday 8:30 AM

Friday 11:30 AM

HOLY DAYS:

11:30 AM & 6:00 PM

SACRAMENT OF RECONCILIATION:

Saturday 4:45 - 5:15 PM

Sunday 8:45 - 9:15 AM

Or by appointment

ADORATION OF THE BLESSED SACRAMENT:

Wednesday 9:00 AM - 8:00 PM

ending with Benediction

PARISH OFFICE:

Monday - Thursday 9:00am - 3:00pm

502-839-6381 Fax: 502-859-2419

stlawrencenews@cdlex.org

www.saintlawrencecatholicchurch.org

Pastor: Reverend Jeffrey Estacio

Deacon: Chris Cecil

Business Office Manager: Anna Courtney

Administrative Assistant: Rita Redden

ROMAN CATHOLIC
DIOCESE OF
LEXINGTON KENTUCKY



WELCOME



Saint Lawrence Catholic Church

120 North Gatewood Avenue

Lawrenceburg KY 40342

www.saintlawrencecatholicchurch.org

Parish Office Hours

Monday - Thursday

9:00 AM - 3:00 PM

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Fax: 502-859-2419

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Inside:
Welcome form
Prayer Request form
Offering of Service

WELCOME

Thank you for visiting us!

Name

Date

Phone

Address

City

- ____ First-time visitor
- ____ Returning visitor
- ____ New resident
- ____ Would like a visit
- ____ Would like to know more about this church

How did you hear about this church:

**Please place card
in the Offertory basket
or mail to the Parish Office.**



MY SERVICE OFFERING

I offer to God
the gift of my time
by serving as:

- | | |
|-------------------|---------------------------|
| ____ Adoration | ____ Altar Society |
| ____ Altar Server | ____ CCD Teacher |
| ____ Bible Study | ____ Eucharistic Minister |
| ____ Cantor | ____ Facility & Grounds |
| ____ Choir | ____ Fish Fry |
| ____ Food Pantry | ____ Grape Harvest |
| ____ Greeter | ____ Knights of Columbus |
| ____ Hispanic | ____ Martha's Ministry |
| ____ Hospitality | ____ Ministry to the Sick |
| ____ Lector | ____ Trivia Night |
| ____ Sacristan | ____ Young Adult |
| ____ Social Hour | ____ Youth Ministry |

Other _____

Your Contact Information:

Name

Date

Phone

Email

Address

City

MY PRAYER REQUEST



We are honored to pray
for your needs.
Please indicate below and
place card in
the Offertory basket.

I would like to be contacted
because of:

- Surgery
- Other _____

Name

Phone

Today's Date

Date of Surgery