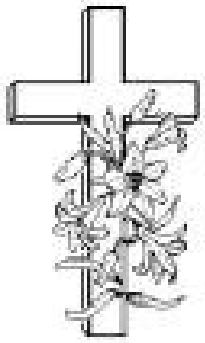

IN MEMORY OF

Deceased Church Members

Church Name: _____

District Name: _____

Assembly Date: _____

PASTOR:

Please list below all church members deceased since the last District Assembly. This form should be returned to the **DISTRICT SECRETARY** at least 30 days before your District Assembly. This information is NOT for the NMI Memorial Roll.

Signature:_____ _____/_____/_____

Pastor Date