



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