



## 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