IN MEMORY OF
Deceased Church Members

Church Name: _____

District Name: **Kansas City District**

Assembly Date: **July 22, 2020**

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

[2008e] Generated by the Office of the General Secretary.