NECROLOGY REPORT

PRESBYTERY OF MISSOURI RIVER VALLEY

Date: _____ Full Name of Church: _____

Church Address: _____

Name and Email for church contact: _____

Please include the names of any Elders or Ministers from your church who died during the previous year. If no elders from the church died, please return the form, showing church name and address, stating *No Deaths.* **Please email this form to the presbytery office at nicole@pmrv.org by Feb. 1 of the current year.**

Precious in Your sight, O God, is the death of Your faithful ones. Psalm 116:15

NAME	Minister	Elder	Date of Death
	☐	☐	
NAME	**Minister**	**Elder**	**Date of Death**
	☐	☐	
NAME	**Minister**	**Elder**	**Date of Death**
	☐	☐	
NAME	**Minister**	**Elder**	**Date of Death**
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NAME	**Minister**	**Elder**	**Date of Death**
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