

**Necrology Report**  
**(Deaths of Ministers, Elders, Deacons, and Trustees in 2018)**  
**Information Needed**

**To: Clerks of Session**

A memorial service remembering and celebrating the life and ministry of Ministers, Elders, Deacons, and Trustees, will be held at the January 26, 2019 Presbytery meeting. **You are asked to send invitations to the family members inviting them to attend the service.** In the past the Presbytery Office has extended the invitation. It is hoped that this method will give the family more time to include the service in their schedules. We are still asking you to provide the following information to us by **Wednesday, January 9, 2019** for our records and so the deceased can be included in the Memorial Service:

**Church:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Name (First, MI, Last):** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Member's  
Name and Address** \_\_\_\_\_  
**(To Mail Certificate  
Of Appreciation  
If Unable to Attend)** \_\_\_\_\_

**Name (First, MI, Last):** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Member's  
Name and Address** \_\_\_\_\_  
**(To Mail Certificate  
Of Appreciation  
If Unable to Attend)** \_\_\_\_\_

**Return this form by January 9, 2019 to:**

Beaver-Butler Presbytery, P.O. Box 279, Zelienople PA 16063-0279

Or by e-mail to: [office@beaverbutler.org](mailto:office@beaverbutler.org)

**Name (First, MI, Last):** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Member's  
Name and Address**  
(To Mail Certificate  
Of Appreciation  
If Unable to Attend)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name (First, MI, Last):** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Member's  
Name and Address**  
(To Mail Certificate  
Of Appreciation  
If Unable to Attend)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name (First, MI, Last):** \_\_\_\_\_

**Position(s) Held:** \_\_\_\_\_

**Date of Death:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Family Member's  
Name and Address**  
(To Mail Certificate  
Of Appreciation  
If Unable to Attend)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Add more sheets as needed.