

DEACON REPORT
To The Annual Session
Of The
UNION ASSOCIATION

CHURCH: _____

Year: _____

Please list the names of your Deacons. *(Please Print)*

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name _____

Address: _____

4. Name _____

Address: _____

5. Name _____

Address: _____

NOTE: Please return this Form with your Quarterly Report Form.