

ANNUAL REPORT OF DEACONESS

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

District _____

Local Church Membership _____

Consecrated

Licensed

Are you in active service? Explain.

In what ways have you supported the Church of the Nazarene?

How have you observed faithfully your responsibilities to God and the Church?

Personal Testimony

Remarks

Signed _____ Date _____

Mail this report to the District Secretary at least 30 days before your District Assembly.