



CANCELLATIONS

District Code: 7 2 - _____

CPH Customer #: _____

PLEASE SEND TO: SD DISTRICT OFFICE
 Attn: Lutheran Witness
 3501 S Gateway Blvd
 Sioux Falls SD 57106-1557

Church Name: _____

Date: _____

Address: _____

Sent By: _____

City, State, Zip: _____

Phone #: _____

Email Address: _____

Fax #: _____

Use this form when sending in cancellations only. Print (preferably type) correct name and address. Indicate key number if available. If known, please check reason for cancellation. No substitutions, please.

| CANCELLATIONS | CANCELLATIONS |
|--|--|
| Key Number: _____ Deceased Transferred Undeliverable Name: _____ Address: _____ City/St/Zip: _____ | Key Number: _____ Deceased Transferred Undeliverable Name: _____ Address: _____ City/St/Zip: _____ |
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