



**CANCELLATIONS**

District Code: 7 2 - \_\_\_\_\_

CPH Customer #: \_\_\_\_\_

PLEASE SEND TO: SD DISTRICT OFFICE

Attn: Lutheran Witness

PO Box 89110

Sioux Falls SD 57109-9110

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