

V-4

DISTRICT

LIST OF CHANGES MADE IN THE COMMUNITIES
DURING THE **QUARTER OF THE CALENDAR YEAR**

Institute Number	Surname, Christian Names	x			Date (day/month)	Last Residence	New Residence	Duties
		Died	Left	Changed				
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			
<input style="width: 50px; height: 25px;" type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/>			

This form is to be filled in 4 times a year: 31 Mar. (1st quarter), 30 Jun. (2nd quarter), 30 Sep. (3rd quarter), and 31 Dec. (4th quarter).

Name:

Date:
 (day) / (month) / (year)