

**COVENANT FAMILY COMMUNITY CHURCH  
WELFARE DEPARTMENT (BEREAVEMENT)**

**PERSONAL DETAILS OF DECEASED**

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Name of Deceased \_\_\_\_\_

Relationship to church member \_\_\_\_\_

Date of Death \_\_\_\_\_

Burial/Funeral Date \_\_\_\_\_

Venue of Funeral \_\_\_\_\_

Any details \_\_\_\_\_

**DETAILS OF BENEFICIARY**

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Name of Church member \_\_\_\_\_

Ministry/ Fellowship \_\_\_\_\_

Membership Date \_\_\_\_\_

Other Relatives in the Church \_\_\_\_\_

Residence/House No. \_\_\_\_\_

Phone Number/s \_\_\_\_\_

Frequency in the payment of Tithes (Please, choose one) \_\_\_\_\_

A) Monthly B) Quarterly C) Half Yearly D) As and When E) Any other.....

**RECOMMENDATIONS FOR SUPPORT (FOR OFFICE USE ONLY)**

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Confirm no. of tithes in the last twelve (12) months \_\_\_\_\_

Remarks \_\_\_\_\_

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Ministry Leader's remarks on commitment of member

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Signature and Date \_\_\_\_\_

Fellowship Leader's remarks on commitment of member

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Welfare Comments

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Signature and Date \_\_\_\_\_

Decision

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