

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

PERSONAL DETAILS

Name

Ministry / Fellowship

Membership Date

Phone Number/s

Name of Partner

Partner's Church

Date of programme

Venue

Membership Date

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)

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

Remarks

Ministry Leader's remarks on commitment of member

Signature and Date _____

Fellowship Leader's remarks on commitment of member

Signature and Date _____

Welfare Comments

Signature and Date _____

Decision

NOTE : IF BOTH PARTNERS ARE CHURCH MEMBERS, EACH SHOULD COMPLETE A FORM