

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

PERSONAL DETAILS

Name: _____

Membership Date: _____ Ministry/Fellowship _____

Phone No(s) _____

Name: _____

Church: _____ Ministry/Fellowship _____

Phone No(s) _____

CEREMONY

Date: _____ Time: _____

Venue (Please give detailed directions)

Contact person on day of event _____ No. _____

Sign