COVENANT FAMILY COMMUNITY CHURCH
WELFARE DEPARTMENT
(CHILD DEDICATION)

Date: _____

PERSONAL DETAILS OF PARENTS

Father _____

Ministry/Fellowship _____

Membership Date _____

Phone No: _____

Mother _____

Ministry/Fellowship _____

Membership Date _____

Phone No: _____

DETAILS OF CHILD

Name _____

Date of Birth _____

Date of Dedication _____

Name of Bearer _____

Phone No. _____

Relationship to Child _____

_____ _____

Welfare **Bearer**