

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

---

Date: \_\_\_\_\_ Contact No. Of Parents: \_\_\_\_\_

**PERSONAL DETAILS OF PARENTS**

---

Father \_\_\_\_\_

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

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.....

---

Mother \_\_\_\_\_

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

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.....

Proposed date: \_\_\_\_\_ Proposed Venue: \_\_\_\_\_

Time: \_\_\_\_\_

---

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

---

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

Remarks \_\_\_\_\_

---

---

---

Ministry/Fellowship Leader's remarks on commitment of member (Father)

---

---

---

---

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

**Ministry/Fellowship Leader's remarks on commitment of member (Mother)**

---

---

---

---

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

---

**Welfare Comments** \_\_\_\_\_

---

---

---

---

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

**Decision** \_\_\_\_\_

---

---

**DETAILS OF CHILD (TO BE COMPLETED AFTER CEREMONY)**

---

Date of Birth \_\_\_\_\_

Name of Child \_\_\_\_\_

Date of Naming \_\_\_\_\_ Proposed date for dedication \_\_\_\_\_

Full Name of Parents \_\_\_\_\_

**Welfare Signature and Date** \_\_\_\_\_