



BISHOPS' CONFERENCE OF ENGLAND AND WALES

CERTIFICATE OF CATHOLIC PRACTICE

Details of child (for identification only)

Full name of child: \_\_\_\_\_

Address of child: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I am [the child's parish priest] [the priest in charge of the Church where the family practises] **[delete as applicable]**

I hereby certify that this child and his/her family are known to me and, to the best of my knowledge and belief, the child is from a practising Catholic family.

Priest's name \_\_\_\_\_ Position \_\_\_\_\_

Parish (or ethnic chaplaincy) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Priest's signature \_\_\_\_\_

*Parish stamp or seal*

Date \_\_\_\_\_