



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: