**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_____

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