 

# ARCHDIOCESE OF SOUTHWARK

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 practices] **[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 practicing Catholic family.

Priest’s name Position Parish (or ethnic chaplaincy) Address

Telephone

Priest’s signature

*Parish stamp or seal*

Date

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