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 child practices] **[delete as applicable]**

I hereby certify that this child is known to me and, to the best of my knowledge and belief, the child is a practising Catholic.

Priest's name _____ Position _____

Parish (or ethnic chaplaincy) _____

Address _____

_____

Telephone_____

Priest's signature_____

Parish stamp or seal

Date_____

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