



## CERTIFICATE OF RELIGIOUS PRACTICE

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

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

\_\_\_\_\_

Post code: \_\_\_\_\_ Date of birth: \_\_\_\_\_

*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 family.*

Religious leader's name (print clearly): \_\_\_\_\_

Place of worship: \_\_\_\_\_

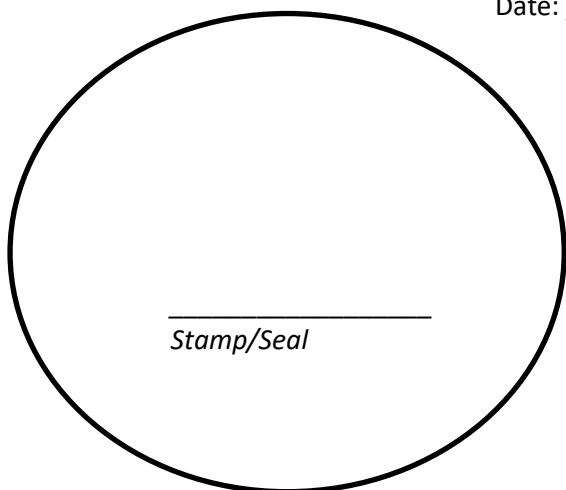
Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Religious leader's signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_



Stamp/Seal

**Practising Catholics, please use "Certificate of Catholic Practice".**