



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

