



**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 \_\_\_\_\_

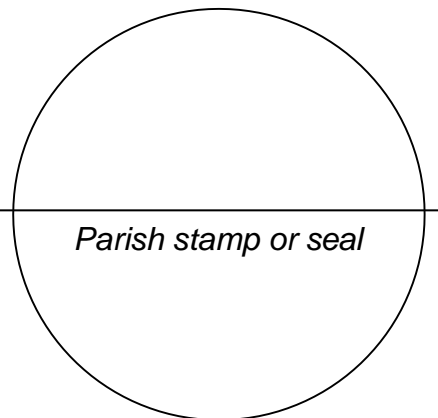
Parish (or ethnic chaplaincy) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Priest's signature \_\_\_\_\_



*Parish stamp or seal*

Date \_\_\_\_\_