



## Certificate of Catholic Practice Archdiocese of Southwark



**To be completed by the family:**

Child's First Name:	
Child's Surname:	
Home Address:	
Postcode:	

**To be completed by the priest:**

I am the child's parish priest.	
I am the priest in charge of the Church where the family practises.	

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 Catholic family.

Priest's Name:	
Parish (or Ethnic Chaplaincy):	
Parish Postcode:	

Priest's Signature:	
Date:	
Parish Stamp or Seal:	

**For School Office Use Only**

Date received:		Staff Initials	
----------------	--	----------------	--