



The Catholic Parish of Bishop's Stortford

3 Windhill, Bishop's Stortford, Hertfordshire, CM23 2ND

Telephone: 01279 654063

email: bishopsstortford@rcdow.org.uk

INFORMATION FOR CERTIFICATE OF CATHOLIC PRACTICE

ABOUT YOUR CHILD

Full Name _____

Date of Birth _____

Home Address _____

_____ Post Code _____

Telephone number _____ Mobile _____

Date of Baptism _____

Church of Baptism _____

Place of Baptism _____

ABOUT YOU

FATHER

MOTHER

Parents' Names _____

Parents' Religion _____

How often do you attend Mass?

- weekly
 at least twice a month
 at least once a month
 less often

- weekly
 at least twice a month
 at least once a month
 less often

How long has this been your practice? _____

Which Mass do you normally attend? _____

Please turn over and complete the rest of the Form

Protecting your privacy - Your personal details will be stored and used by the Parish for the purposes of administering the Certificate of Catholic Practice.

Details of how we process your data, and your rights, are on the full Privacy Notice and can be found at: radow.org.uk/diocese/privacy-policy

If you do not worship at Mass regularly, or have only started to do so recently, please give any reasons below. Please give any other details which you think may be relevant or assist the priest in identifying you.

I/We declare that the information on this Form is full, accurate and true.

Signature _____

Date _____