

PLEASE POST THIS FORM, WITH THE COMPLETED CERTIFICATE OF CATHOLIC PRACTICE,
THROUGH THE PRESBYTERY LETTERBOX at 186 St Johns Road

REQUEST FOR A CERTIFICATE OF CATHOLIC PRACTICE

Please PRINT:

Child's Surname (on Birth Certificate)

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Child's Christian Names (on Birth Certificate)

.....

Boy/ Girl.....Child's Date of Birth

Address.....

Postcode.....

Telephone Number..... Mobile

E-mail address.....

Father's Name Religion

Mother's Name Religion.....

Child's Church of Baptism

Date of Baptism.....

Did you attend Mass every Saturday/Sunday before the 'lockdown?

Yes/No. Time?.....

Was this your practice for **at least** the prior 12 Months?.....

If you attend a church outside the parish of Hemel West, which one is it and where?

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Signed by parent: *Date:*