



PLEASE POST THIS FORM, WITH THE COMPLETED CERTIFICATE OF CATHOLIC PRACTICE,
THROUGH THE PRESBYTERY LETTERBOX AT 186 ST JOHN'S ROAD

REQUEST FOR A CERTIFICATE OF CATHOLIC PRACTICE

Child's Surname (on Birth Certificate)

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Child's Christian Names (on Birth Certificate)

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Boy/ Girl.....

Child's Date of Birth

Address.....

Postcode.....

Telephone Number.....

Email address.....

Father's NameReligion

Mother's Name Religion.....

Child's Church of Baptism

Date of Baptism.....

Which Mass do you attend every Saturday/Sunday Time.....

Is this your practice for at least 12 Months.....

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

Signed by parent: Date:

Please return to:

The Parish Priest,

186 St Johns Road | Hemel Hempstead | HP1 1NR | t: 01442 391759 |

davidcherry@rcdow.org.uk