



BISHOPS' CONFERENCE OF ENGLAND AND WALES

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 family practises] [**delete as applicable**]

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 FR MATTHEW HESLIN Position PARISH PRIEST

Parish (or ethnic chaplaincy) ST BERNADETTE'S RC CHURCH

Address 160 LONG LANE, HILLINGDON

UB10 0EH

Telephone 01895 234577

Priest's signature _____

Parish stamp or seal

Date _____