



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 Augustine Nwosu CSSp.** Position **Parish Priest**

Fr David Sandambongo. CSSp. Position **Assistant Priest**

Fr Daniel Adayi. CSSp. Position **Assistant Priest**

Parish (or ethnic chaplaincy) **St Michael & St Martin Hounslow**

Address **94 Bath Road Hounslow TW3 3EH**

Telephone **020 8570 1693**

Priest's signature _____

Parish stamp or seal

Date _____