

PLEASE RETURN THIS FORM WITH THE CERTIFICATE OF CATHOLIC PRACTICE LETTER. THANK YOU

## CERTIFICATE OF CATHOLICITY

*Please write clearly*

Child's Surname (on Birth Certificate)

.....

Child's Christian Names (on Birth Certificate)

.....

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

Address.....

Postcode.....

Telephone Number..... Mobile .....

E-mail address.....

Names and ages of other children.....

.....

Father's Name ..... Religion \* .....

Mother's Name ..... Religion \* .....

\*If another Christian Church (i.e. not Catholic), please specify which one:

.....

Child's Church of Baptism .....

Date of Baptism.....

Do you attend Mass every Saturday/Sunday? Yes/No Time.....

Has this been your practice for at least the last 12 months?.....

If you attend a church outside Stevenage, which one is it and where?

.....

Is there a reason why you cannot get to weekly Mass? Please state why.

*Signed by parent:* ..... *Date:* .....



**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.

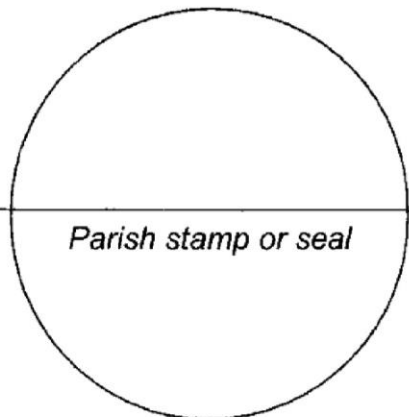
Priest's name: Fr Michael Doherty      Position: Parish Priest

Parish (or ethnic chaplaincy): Church of The Transfiguration

Address: Grove Road, Stevenage, Herts, SG1 3PX

Telephone: 01438 226857

Priest's signature \_\_\_\_\_



Date \_\_\_\_\_