

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.....

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 _____

Parish stamp or seal

Date _____