



THE CATHOLIC DIOCESE OF
ARUNDEL & BRIGHTON

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 priest / the priest in charge of the Church where the family practises

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: _____ Position: _____

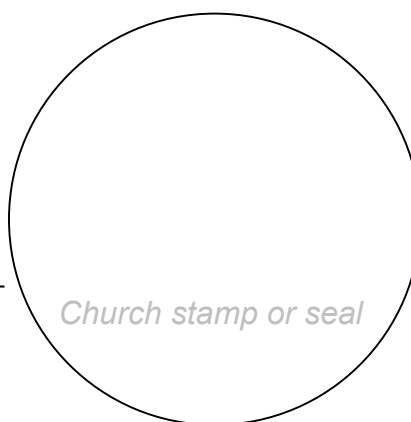
Church (or ethnic chaplaincy): _____

In the Parish of: _____

Address: _____

Telephone: _____

Priest's signature _____



Church stamp or seal

Date _____