



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 REV. ZYGMUNT ZAPAŚNIK Position PARISH PRIEST

Parish (or ethnic chaplaincy) ST. ANDREW BOBOLA RC CHURCH

Address 1 LEYSFIELD ROAD, LONDON W12 9JF

Telephone 0208 743 8848

Priest's signature _____

Parish stamp or seal

Date _____