



**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 Nicodemus Lobo Ratu SVD**

Position **PARISH PRIEST**

Parish (or ethnic chaplaincy): Our Lady Of Sorrows and St Bridget of Sweden

Address: Memorial Square, 112 Twickenham Road, Isleworth, TW7 6DL

Telephone: 020 8560 1431

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

*Parish stamp or seal*

Date \_\_\_\_\_