



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 JAMES CRONIN Position P.P.

Parish (or ethnic chaplaincy) BARNES

Address \_\_\_\_\_

Catholic Church of St Osmund

79 Castelnau, Barnes, London SW13 9RT

Tel: 020 8748 5833

Priest's signature *James Cronin*



Date 6/10/18

Telephone \_\_\_\_\_