



## 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 \_\_\_\_\_ Position \_\_\_\_\_

Parish (or ethnic chaplaincy) \_\_\_\_\_

Address \_\_\_\_\_

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

*Parish stamp or seal*

Date \_\_\_\_\_ Telephone \_\_\_\_\_

This form should be returned directly to the Headteacher at St. Michael's by the closing date stated on the associated Supplementary Information Form. Failure to complete it or return it would prevent the Governors applying their Admissions Criteria to your Application for a place at St Michael's for your daughter.