



ARCHDIOCESE OF SOUTHWARK

CERTIFICATE OF CATHOLIC PRACTICE

Details of child (for identification only) – please complete in BLOCK CAPITALS

SURNAME OF CHILD: _____

FIRST NAME OF CHILD: _____

ADDRESS OF CHILD: _____

POST CODE: _____ CHILD'S DATE OF BIRTH: _____

PRIMARY SCHOOL: _____

If your child has a sibling(s) already attending St Thomas the Apostle School & Sixth Form College please enter details:

Name of Sibling(s) at St Thomas the Apostle School & Sixth Form College:

_____ Form: _____

I am [the child's parish priest] [the priest in charge of the Church where the child practices]
[delete as applicable]

I hereby certify that this child is known to me and, to the best of my knowledge and belief,
the child is a practising Catholic.

Priest's name _____ Position _____

Parish (or ethnic chaplaincy) _____

Address _____

Telephone _____

Priest's signature _____

Parish Stamp or seal

Date _____