



**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 Headmaster at St. Michael's by the closing date: **Tuesday 11<sup>th</sup> July 2017**. 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.

**FORM 2**

