

WELWYN GARDEN CITY PARISHES
REQUEST FOR A CERTIFICATE
OF
CATHOLICITY

Please write clearly and return to Fr. Norbert who will contact you.

Child's Surname (on Birth Certificate) Boy/ Girl.....
.....
Child's First Names (on Birth Certificate) Child's Date of Birth.....
.....
Address.....
Postcode.....Telephone Number/Mobile

E-mail address.....

Father.....Religion.....
Mother.....Religion.....

Child's Church of Baptism.....
Date of Baptism.....
Place of First Holy Communion.....

Where do you usually go to church?

How many Certificates of Catholic Practice will you need?

I confirm that all individuals whose information has been provided on this form have agreed for it to be provided to the Parish:

Signed

Name **Date**

Information provided on this form, together with all other personal data held about these individuals by the Parish and the Diocese of Westminster, is processed in accordance with the Diocese's Privacy Notice; which is available at rcdow.org.uk/diocese/privacy-policy