



St Patrick's RC Primary School
Foxholes Road,
Rochdale
OL12 0ET

Head Teacher: Mrs K Bishop

Deputy Head: Miss H Sivills

01706 648089

office@stpatricksrc.rochdale.sch.uk

www.stpatricksrc.rochdale.sch.uk



DIOCESE of SALFORD

ROMAN CATHOLIC RELIGIOUS AFFILIATION FORM

SECTION A - CHILD DETAILS

Name of Child: M ☐ F ☐ (please tick)

Date of Birth:

Address:

..... Post Code:

SECTION B - BAPTISM CERTIFICATE

Is your child a baptised Roman Catholic? Yes ☐ No ☐

If yes, please enclose a copy of your child's baptismal certificate with this form.

I have enclosed a copy of my child's baptismal certificate with this form Yes ☐ No ☐

SECTION C - BAPTISM DETAILS

If you cannot provide a copy of your child's baptism certificate, please complete the details of your child's baptism below stating:

The parish of baptism:

The date of the baptism:

The name of the parish priest:

These details can then be checked with the relevant parishes for confirmation.

SECTION D - PARENT OR CARER'S DECLARATION

Name of Parent/Carer: Contact Number:

I confirm that the information given in this form is correct.

Signed:

Date:

*This form should be completed in **BLOCK CAPITALS** and returned to the address above.*

