

**DIOCESE OF SALFORD  
SUPPLEMENTARY FAITH REQUEST FORM**

School Name: \_\_\_\_\_

Local Authority: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parish Community in which you live/worship: \_\_\_\_\_

\_\_\_\_\_

Please confirm that the applicant is a baptised Catholic

Yes

No

The baptismal certificate must be presented to the school

Signed (Parent/Guardian): \_\_\_\_\_

Date: \_\_\_\_\_