



**PARISH OF THE THREE MARTYRS, SALFORD**

St Thomas Presbytery,  
327 Great Cheetham Street East  
Higher Broughton, Salford. M7 4UE  
[thethreemartyrs@gmail.com](mailto:thethreemartyrs@gmail.com) 0161 792 2108

***Request to Celebrate the Sacrament of Baptism (Infant)***

St. Thomas's  1st Saturday of the month      St. Sebastian's  2nd Saturday of the month

***Priest Who Performed Baptism*** \_\_\_\_\_

CONFIDENTIAL:      DATE OF BAPTISM: \_\_\_\_\_

Boy:  Girl:       *Date of Birth:* \_\_\_\_\_

*Child's Surname :* \_\_\_\_\_

*Child's First Name/s:* \_\_\_\_\_

*Child's Address:* \_\_\_\_\_

*Post Code:* \_\_\_\_\_

**Personal Details of Father:**

Telephone No. \_\_\_\_\_

Surname Name \_\_\_\_\_

First Name/s \_\_\_\_\_

Baptised?      Yes / No

Catholic?      Yes / No

Confirmed?      Yes / No

Where Married? \_\_\_\_\_

**Personal Details of Mother**

Telephone No. \_\_\_\_\_

Surname Name \_\_\_\_\_

Nee \_\_\_\_\_

First Name/s \_\_\_\_\_

Baptised?      Yes / No

Catholic?      Yes / No

Confirmed?      Yes / No

**Personal Details of God-Father**

Surname Name: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Baptised?      Yes / No

Catholic?      Yes / No

Confirmed?      Yes / No

Over 16 yrs old?      Yes / No

**Personal Details of God-Mother**

Surname Name: \_\_\_\_\_

First Name/s: \_\_\_\_\_

Baptised?      Yes / No

Catholic?      Yes / No

Confirmed?      Yes / No

Over 16 yrs old?      Yes / No

**Details of preparation:** For families intending to have their children baptised, dates for the preparatory meetings can be found in the newsletter. Endeavour to attend this meeting at least a month before your proposed date of Baptism. It is also advisable to be coming to the church during the month. Free donations are welcome on the day of baptism.