



First Communion Information Form

Child's Full Name			Gender
Date of Birth	Age	Date of Baptism	
Name of Church Where Baptized		Address of Church Where Baptized	
Parent/Guardian		Parent/Guardian	
Full Name:		Full Name:	
Cell Phone:		Cell Phone:	
Email:		Email:	
Mailing Address:		Mailing Address:	
Religious Affiliation of Pare	ents/Guardians		
Stan struct		Doto	
Signature		Date	

Please complete and submit this form and a copy of the child's baptismal certificate (unless baptized at Christ Church Parish Kent Island) by:

- email to office@ccpki.org, or mail to Christ Church Parish;
- mail to Christ Church Parish Kent Island, 830 Romancoke Rd., Stevensville, MD 21666;