

**Catholic Family Formation and Evangelization (CaFFE) Permanent Record Form**  
**CaFFE, St. Norbert Parish, 50 Leopard Road, Paoli, PA 19301**

This permanent record form need be completed only once for each child and **must be accompanied by a copy of your child's Baptismal Certificate (unless he/she was baptised at St. Norbert Church).**

***Please print clearly - one form per child.***

Child's Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth (City, State): \_\_\_\_\_

Sex \_\_\_\_ Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email (for CaFFE Communication): \_\_\_\_\_ Additional Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Mother's Name (first) \_\_\_\_\_ (last) \_\_\_\_\_ (maiden) \_\_\_\_\_

Guardian's Name: (first) \_\_\_\_\_ (last) \_\_\_\_\_

Emergency Contact if we are unable to reach you: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Sacraments Received** *(please provide complete and accurate information)*

	<b>Baptism</b>	<b>First Reconciliation</b>	<b>First Communion</b>	<b>Confirmation</b>
<b>Church Name</b>				
<b>City, State</b>				
<b>Date</b>				

Is your family registered at St. Norbert parish? **Yes** / **No** (circle one) *(If No, Please make an appointment to register with the parish office at (610) 644-1655)*

Was your child baptized at St. Norbert Church, Paoli, PA? **Yes** / **No** (circle one)

Has your child been a participant in a formal program of Catholic religious education? **Yes** / **No** (circle one)

Where did your child receive religious education last year? \_\_\_\_\_

Describe your child's previous religious education experience: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_

Return to: St. Norbert Parish Office  
 50 Leopard Road  
 Paoli, PA 19301

Phone: (610) 644-1655, ext. 114  
 Email: mark@stnorbert.org