



REGISTER TO RECEIVE FREE DIAPERS
OPEN TO BRANFORD RESIDENTS ONLY

Please answer all questions in print - incomplete or illegible applications will not be processed. A separate application must be completed for each child. At its discretion and upon request, the Diaper Bank may use the information provided for statistical purposes.

Registration Date: _____

Applicant's Information

Last Name: _____

First Name: _____ Middle Initial: _____

Street Address, Apt#/Unit#:

Relationship to Child: Parent/Guardian Other

Phone Number: _____

E-mail Address (or other contact info): _____

Child's Information

Last Name: _____

First Name: _____ Middle Initial: _____

Child lives with (check all that apply): Mother Father Grandparent(s) Foster parent(s) Guardian

Date of Birth: _____ Sex: Male Female

Race: Black (non-Hispanic) Hispanic White (non-Hispanic) Asian Other

COORDINATOR USE ONLY:

Entered in system: _____

Recipient number: _____