



Caritas Diaper Bank

Child Receiving Diapers

Child's Name: _____
Last First Middle Initial

Address: _____
Street Address Apt. #/Unit #

City State Zip Code

Date of Birth: _____

Race: African American / White / Asian / Hispanic / Native American / Multi-Racial Application Date: _____

Diaper Size: _____ Gender: Male / Female

Child lives with (Circle all that apply): Mother Father Grandparent Foster Parent Other relative/Guardian

Name 2 Adults who can Pick up Diapers for this Child

Full Name: _____
Last First Middle Initial

Primary Phone: () _____ Alternate Phone: () _____

Relationship to child: _____

Full Name: _____
Last First Middle Initial

Primary Phone: () _____ Alternate Phone: () _____

Relationship to child: _____

I certify that the information given on this application is accurate to the best of my knowledge. I certify that the diapers I receive will be solely for the use of the child named above

Client Signature: _____ Date _____ Relationship to child: _____

Staff Signature: _____ Date: _____ Agency: _____

Please note that all information collected is solely for the use of The Diaper Bank and will not be shared or disclosed to any outside person/s.



Caritas Diaper Bank

Child Receiving Diapers

Month	Date
JANUARY	
FEBRUARY	
MARCH	
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	
DECEMBER	