



Marine Corp Toys for Tots Application County of:

Chowan

Year: 2017 This application is for children ages 0-12 only/Application # _____

Agency Distributor Name: Chowan/Perquimans Smart Start Partnership
Verified By (Initials) _____

PARENT INFORMATION (PLEASE BRING YOUR CHILDS BIRTH CERTIFICATE AND SOCIAL SECURITY CARD FOR EACH CHILD WHEN SUBMITTING THIS APPLICATION. THIS INFORMATION IS FOR INFORMATIONAL PURPOSES ONLY. WE DO NOT KEEP THIS INFORMATION)

Parent First Name: _____ Last Name: _____

Street Address: _____

City/County: _____ State: _____ Zip Code: _____

Phone Number: (____)-(____)-_____

Cell Number: (____)-(____)-_____

Alternate contact name and number in case we can't reach you: _____ (____)-(____) Relation: _____
Name: _____

Are you Employed: _____ Where: _____ How Long: _____
Yes _____ No _____ Number: _____

List previous address if you have lived at the above address less than two years

Street Address: _____

City/County: _____ State: _____ Zip Code: _____

How Long have you lived in this county? _____

Have you applied with any other agency for toys this year _____ Yes _____ No

Number of children you are requesting toys for? _____

CHILD INFORMATION

Last Name: _____ First Name: _____
Middle Initial: _____

Last 4 digits of social security number _____ Male _____ Female _____ Age _____
Date of Birth _____

Current street address: _____ City/State/Zip code _____

CHILD INFORMATION

Last Name: _____ First Name: _____
Middle Initial: _____

Last 4 digits of social security number _____ Male _____ Female _____ Age _____
Date of Birth _____

Current street address: _____ City/State/Zip code _____

_____ Check here if you have additional children, and turn to the back or page 2 of the application

I Certify that the information on this application is true and correct to the best of my knowledge.
Signature of Parent: _____

Date: _____

ADDITIONAL CHILDREN**CHILD INFORMATION**

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

CHILD INFORMATION

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

CHILD INFORMATION

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

CHILD INFORMATION

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

CHILD INFORMATION

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

CHILD INFORMATION

Last Name: Middle Initial:		First Name:	
Last 4 digits of social security number _____	Male _____ Female _____	Age _____	
Date of Birth _____			
Current street address:		City/State/Zip code	

Deadline to Submit an Application: November 30, 2017
 Return Completed Application to: Chowan/Perquimans Smart Start Partnership
 409 Old Hertford Rd.
 Edenton, NC 27932