



# Marine Corp Toys for Tots Application County of:

Year: \_\_\_\_\_ This application is for children ages 0-12 only / Application # \_\_\_\_\_

Agency Distributor Name: \_\_\_\_\_  
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: Name: _____		(____)-(____) _____	Relation: _____
Are you Employed: _____ Yes _____ No		Where: _____ Number: _____	How Long: _____

**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? <b>Have you applied with any other agency for toys this year</b> _____ <b>Yes</b> _____ <b>No</b>		
<b>Number of children you are requesting toys for?</b> _____		

**CHILD INFORMATION**

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

**CHILD INFORMATION**

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

**\_\_\_\_\_ 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: _____		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 _____	

**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 _____	

**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 _____	