DIAPER DEPOT REGISTRATION

#

ALL INFORMATION IS REQUIRED! INFORMATION IS FOR DATA PURPOSES ONLY.

COMPLETE THIS FORM. SUBMIT THIS FORM ALONG WITH COPIES OF YOUR IDENTIFICATION AND YOUR CHILDREN'S BIRTH CERTIFICATES.

KENT'S NAME									
(FIRST AND LAST NAMES)									
The second section of the second seco									
ADDRESS									
PHONE # FIRST LANGUAGE									
	AN PICK UP YOUR DIAPERS								
(MUST BR	ING IDENTIFICATION)								
NAME (FIRST AND LAST NAMES) Gender (circle)									
	(FIRST AND LAST NAMES)								
	Candan								
	Gender Mor F								
DATE OF	F BIRTH (circle)								
RELATIONICHIO.	(Circle one) PARENT GRANDPARENT LEGAL GUARDIAN								
HELATIONSHIP:	(CITCLE OTIE) PANENT GNANDPANENT LEGAL GUANDIAN								
NAME									
147 (141	/ETO OT AND I A OT HALLEO)								
	(FIRST AND LAST NAMES)								
	(FIRST AND ONE #								

CHIL	Z DATE OF	BIRTH					Gender (circle)	M or F
	RELATIONSHIP:	(Circle o	ne)	PARENT	GRANDPAR	ENT L	EGAL GUARDI	:AN
#3	NAME	(CIOCI AND	NI ACT MAI	4EC)				
CHILD		(FIRST AND) LAST NAI	MES)			Gender	M 05 F
H	DATE OF	BIRTH					(circle)	M or F
	RELATIONSHIP:	(Circle o	ne)	PARENT	GRANDPAR	ENT L	EGAL GUARDI	:AN