

**ST. MARY'S FOOD BANK**  
**REGISTRATION FORM**

**PLEASE COMPLETE THIS FORM IN FULL.** Failure to do so may result in no assistance being given to you. Birth dates (month, day and year) are required for each member of a family. The family member initiating the paperwork must have either a photo ID or another document showing proof of residence.

**DO NOT LIST OTHER PERSONS** unless you are their parent or guardian, OR have their permission to be listed herein.

_____	_____	
Your Last Name	Your First Name	
_____	_____	_____
Age	Sex	Date of Birth (Month, Day, Year)

**YOUR RESIDENCE**

\_\_\_\_\_

Street Address, City, Zip Code

**FINANCIAL AND FAMILY DATA**

_____	_____	_____
Monthly Income	Number in Household	Number of Children in Household

**SOURCES OF INCOME** (please circle all that apply)

Employment      Public Assistance      Child Support      SSA      SSI      Food Stamps      Other

**MARITAL STATUS** (please circle one)

Married                  Single                  Divorced

Subject to the Note at the beginning of this form, list all members of your household. Please provide all the information requested. This data is required by agencies from which we acquire food and other items. **DO NOT INCLUDE YOUR NAME ON THE FOLLOWING FORM. PLEASE PRINT LEGIBLY.**

Name (Last, First)	Age	Sex	Date of Birth (Month, Day, Year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____
<b>Your Signature</b>	<b>Today's Date</b>

**ADDITIONAL ASSISTANCE PROVIDED (OFFICIAL USE ONLY)**

Diapers \_\_\_\_\_ Other \_\_\_\_\_