

## **STATEMENT OF AFFIRMATION**

*To be approved by the City of Margaret Toys for Kids program you must sign this AFFIDAVIT guaranteeing the City of Margaret Toys for Kids program that you or anyone else in your household or anyone related to the child (children), grandchild (grandchildren), or foster child (children) will not apply or accept toys at Christmas for your child (children), grandchild (children), foster child (children), or any child (children) in your household, from any other municipality, fire department, county or other organizations with programs for children at Christmas in the State of Alabama.*

**Signature:** \_\_\_\_\_

I certify that the information I have given is true and correct. I hereby consent for the City of Margaret to verify the information I have given.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

ANY FALSE INFORMATION WILL RESULT IN VOIDED APPLICATION.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Shoe/Sock Size \_\_\_\_\_ Shirts \_\_\_\_\_ Pants \_\_\_\_\_  
(optional) circle one: Black      White

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Things your child would like or enjoy. **Do Not** include electronic devices and games.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

YOU MUST LIST ANOTHER CONTACT PHONE NUMBER. PLEASE TELL US IF IT IS A NEIGHBOR OR RELATIVE'S PHONE NUMBER.

\_\_\_\_\_

IDENTIFICATION IS REQUIRED AT DISTRIBUTION.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**ALL FORMS MUST BE TURNED IN BY: December 15 @ 4:00 PM**