



Baby Supplies Request Form

- * If we have the items you requested we will call you and sit up a date and me for you to pick them up.
- * You will not be able to pick them up on Thursdays, pantry distribution day.
- * Once you have completed this form, turn it back into JBC Cares, Inc.
- * Please bring picture ID with you at me of pick up.

Date

Name

First

Last

Email

Phone

Address

Street Address

Street Address Line 2

City

State / Province / Region

Postal / Zip Code

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Baby Name

First

Last

Baby Age

Diaper Size

Formula Name

Would you like baby wipes if available?

☐ Yes

☐ No

Other comments or information you would like to provide

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