Trumansburg Food Pantry
Household Registration

Last Name _____   First Name _____

Street Address _____

Home Phone _____   Cell Phone _____
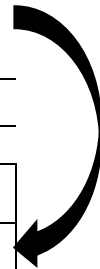
Town _____ State _____ Zip Code _____ County _____

Birth Date _____ Age _____

Please complete the following information (<u>using</u> <u>numbers</u>):

Indicate "0" if no one in the category:

# of children age 0-17 years	
# of adults age 18-59	
# of seniors age 60 and older	

Please list <u>members</u> of your <u>household</u> and their <u>birth dates</u>

	Name	Birth Date
1)		
2)		
3)		
4)		
5)		

Signature _____   Today's Date _____