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|  | Combat Boots & High Heels Columbia, MO 65201 |

## CBHH Baby Essentials Box

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| Applicant Information | |
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| |  |  |  |  | | --- | --- | --- | --- | | **Applicant Name:** | Last | First | MI | |  |  |  |  | | |
| |  |  | | --- | --- | | **SHIPPING Address:** | Street Address City State ZIP | | |
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| |  |  |  |  | | --- | --- | --- | --- | | **Email Address:** | Email | **Phone Number:** | Cell or Home ONLY | | |
| **Expected Baby’s Birthday:** MM/DD/YY  **Baby Gender: Girl Boy It’s a Surprise**   |  | | --- | | **Current Military Status: Veteran Service Member Dependent** |  |  |  | | --- | --- | | **How did you hear about us?** | Friend, Advocate, Volunteer? | | |
|  | *Boxes may vary, but generally include: Diapers, wipes, formula, baby traveler’s kit, CBHH onsie, and CBHH drawstring tote bag. A special thank you to Veterans United Foundation for making Operation Baby Box possible.* |
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| *I certify that the information contained within this request is true and accurate to the extent of my knowledge and I have attached proof of service (examples are redacted dd-214, orders, etc)* | |
| |  |  | | --- | --- | |  |  | | Requestor Signature | Date | | |
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Please print this form upon completion, sign and date it, then scan/take a phone picture of it and send it to cbhhbabybox@gmail.com. You can expect a response within 72 hours of submission.