Christmas Bureau 2025 Application Form

ID NUMBER _____ PICK UP CODE _____

PLEASE PRINT CLEARLY

LIST PARENT(S) INFORMATION FIRST

	Last Name	First Name
1.		
2.		

LIST CHILDREN INFORMATION BELOW

	Last Name	First Name	Birthdate (M/D/Y)	Age
1.				
2.				
3.				
4.				
5.				
6.				

Address: _____

Postal Code: _____ email: _____

Main Phone: _____ Other Phone: _____

Do you speak another language other than English? YES NO
If yes, which language _____

Have you applied for the Christmas Bureau before? YES NO
If this is your first time, please share how you heard about it: _____

DECLARATION OF RELEASE OF INFORMATION

Please read and sign the following:
I, the undersigned, give permission for the Burnaby Christmas Bureau to verify the above information for the purpose of assessment of eligibility, and elimination of duplication of services.

Signed: _____ Date: _____ Staff: