

Personal Property Inventory

Child's Name: _____

Date of Inventory: _____

Signed by: _____

ITEM

QTY.

Clothing:

Coat(s)	_____
Jacket(s)	_____
Sweater (s)	_____
Pants, Jeans, Slacks	_____
Shirts, Blouses	_____
Dresses, Skirts	_____
Underwear	_____
Socks (pairs)	_____
Shoes (pairs)	_____
Sweatshirt(s)	_____
Shorts	_____
Other (specify):	_____
_____	_____
_____	_____
_____	_____

Personal care Items:

Toothbrush	_____
Brush(es)	_____
Comb(s)	_____
Glasses (pairs)	_____
Glasses case(s)	_____
Suitcase(s)	_____
Dental Retainer, etc.	_____
Other (specify):	_____
_____	_____
_____	_____
_____	_____

Medications:

List Prescription Number(s) and
Prescribing Physician(s):

_____	_____
_____	_____
_____	_____

ITEM

QTY

Equipment, Appliances, Etc:

Radio	_____
Stereo	_____
Tape Recorder	_____
Bike, Hot Wheels, ect.	_____
Hair Dryer	_____
Clock	_____
Jewelry	_____
Watch(es)	_____
Other (specify):	_____
_____	_____
_____	_____
_____	_____

Toys, Games, Movies, Etc.:

Please List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Personal Belongings:

Please List:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____