

Application for Child Safety Seat

Revised 03-19



Primary Parent/Legal Guardian Information:

First Name Middle Last Name

Birth Date / / Last 4 Social Security Numbers

Street Address:
 Mailing Address:

City: City:

State: Zip Code: State: Zip Code:

Check if mailing address is the same as the Street Address Yes No (If No, provide mailing address.)

Virginia Resident Yes No Student Visa Yes No Primary Language

Homeless Yes No Tourist Visa Yes No Relationship of Primary Parent/Guardian to Child:
H1-B Visa Yes No Mother Father Legal Guardian Foster Parent

Email Address

Home Telephone - - Mobile - - Work - -

Related Parent/Legal Guardian Information:

First Name Middle Last Name

Birth Date / / Last 4 Social Security Numbers

Street Address:
 Mailing Address:

City: City:

State: Zip Code: State: Zip Code:

Check if mailing address is the same as the Street Address Yes No (If No, provide mailing address.)

Related Parent/Legal Guardian Information (continued from page 1)

Virginia Resident Yes No

Student Visa Yes No

Primary Language

Homeless Yes No

Tourist Visa Yes No

Relationship of Primary Parent/Guardian to Child:

H1-B Visa Yes No

Mother Father Legal Guardian Foster Parent

Email Address

Home Telephone

Mobile

Work

Unborn Child:

Due Date

Child's Information:

Child's First Name

Middle

Last Name

Birth Date:

Age Years:

Age Months:

Weight:

Height in Feet:

Height in inches:

Medical Condition:

Legal Custody: Mother Father Foster Parent Legal Guardian

Court Documentation Description:

Ethnicity: Hispanic Non-Hispanic

Child's Race: African American Caucasian Asian Native American Biracial Other

I or my child receives: FAMIS

WIC

Medicaid

SNAP

TANF

School Lunches

Meets LISSDEP Income Level Guidelines

Applicant is willing to attend safety seat training session in its entirety: Yes No



Applicant Signature: _____

Date: _____