

# 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: \_\_\_\_\_