## **Application for Child Safety Seat**

Revised	03-19
J (J)	

## **Primary Parent/Legal Guardian Information:**

			Middl	e			Last Name		
Birth Date			Last 4	Social S	ecurity	Numbers			
Street Address:						Mailing Addr	ess:		
City:							City:		
State:			Zip Code:			Sta	ate:		Zip Code:
Check if mailing ac	ddress is th	he same a	s the Street Address	Yes	No	(If No, provide mail	ing address.)		
Virginia Resident	Yes	No	Student Visa	Yes	No	Primary Lar	nguage		
Homeless	Yes	No	Tourist Visa	Yes	No	Relationshi	p of Primary Pare	nt/Guardian t	o Child:
			H1-B Visa	Yes	No	Moti	ner Father	Legal Gua	rdian Foster Paren
Email Address									
Home Telephone			N	1obile			Work		
arent/Legal Guardia	an Informa	ation:							
Parent/Legal Guardia	an Informa	ation:	Middle	ē			Last Name		
	an Informa	ation:			Security	Numbers	Last Name		
First Name	an Informa	ation:			Security	Numbers Mailing Addr			
First Name  Birth Date	an Informa	ation:			Security				
Birth Date	an Informa	ation:			iecurity	Mailing Addr			

Related Parent/Legal Gua	rdian Infor	mation	(continued from page	ge 1)						
Virginia Residen	t Yes	No	Student Visa	Yes	No	Primary	Language			
Homeless	s Yes	No	Tourist Visa	Yes	No	Relations	ship of Pri	imary Paren	t/Guardian to Chil	d:
			H1-B Visa	Yes	No	М	other	Father	Legal Guardian	Foster Parent
Email Address										
Unborn Child:	Due Date	e								
Child's Information:										
Child's First Name	!			Middle			Last	Name		
Birth Date:			Age Years:	Age N	Months:	Wei	ght:	Hei	ght in Feet:	Height in inches:
Medical Condition	1:									
Legal Custody:	Mothe	r F	Father Foster P	arent	Legal	Guardian Cour	t Docume	entation De	scription:	
Ethnicity:	Hispani	ic I	Non-Hispanic							
Child's Race:	African	Americ	an Caucasian	Asia	ın	Native America	an	Biracial	Other	
I or my child rece	ves:	FAMIS			WIC [			Me	dicaid	
		SNAP			TANF			Sch	ool Lunches	
		Meets	LISSDEP Income Leve	 el Guideline	S					
Applicant is willing	g to attend	safety s	eat training session in	its entirety	<i>/</i> :	Yes	No			VDH URGINA DEPARTMENT OF HEALTH Protecting two and that dendstangent
Applicant Signa	ture:							Date:		