



Office of the Sheriff  
 County of Burlington  
 PO BOX 6000  
 49 RANCOCAS ROAD  
 MOUNT HOLLY, NEW JERSEY 08060  
[www.co.burlington.nj.us/sheriff](http://www.co.burlington.nj.us/sheriff)



**ANTHONY BASANTIS**  
 SHERIFF

**JAMES KOSTOPLIS**  
 UNDERSHERIFF  
**CAROL COOPER**  
 CHIEF

**APPLICATION FOR CHILD SAFETY SEAT**

**PARENT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIPCODE:** \_\_\_\_\_

**TELEPHONE:** (\_\_\_\_) \_\_\_\_\_

**NUMBER OF HOUSEHOLD MEMBERS:** \_\_\_\_\_

**GROSS FAMILY INCOME (from all sources before taxes):** \$ \_\_\_\_\_

**Please list any additional factors that make it difficult for you to provide a passenger safety seat for your child:**

\_\_\_\_\_  
 \_\_\_\_\_

**SEATS BEING REQUESTED FOR:**

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Child's Weight:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Child's Weight:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Child's Weight:** \_\_\_\_\_

I hereby certify that the information above is true to the best of my knowledge. I know that if any statements are materially false, I may be subject to prosecution. Please return this form with PROOF OF INCOME, a copy of birth certificate for each child. If your child is unborn, please provide our office with proof of pregnancy. Proof of income can be a tax return, paystubs (last 3 months), TANF, etc. Please contact the Community Services Unit with any questions at 609-265-3788.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date:**

**Fax number: 609-265-5923**  
**Address: Listed above**