



Office of the Sheriff County of Burlington

PO BOX 6000
49 RANCOCAS ROAD
MOUNT HOLLY, NEW JERSEY 08060
www.co.burlington.nj.us/sheriff



JEAN E. STANFIELD
SHERIFF

BRYAN H. NORCROSS
UNDERSHERIFF
DIANE L. JASSMANN
CHIEF

APPLICATION FOR CHILD SAFETY SEAT

Parents 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 and a copy of the birth certificate for each child (ex: tax return, paystub, TANF etc.)** Any questions please contact the Community Services Unit at 609-265-3788.

Signature of Applicant

Date

Return completed application to:

Community Services Unit
Burlington County Sheriff's Department
P.O. Box 6000
49 Rancocas Road
Mount Holly, NJ 08060
OR
FAX to 609-265-5923