



**Wyandotte Nation Family Services
Application for Child Passenger Safety Seat**

Parent(s) Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Wyandotte Membership Number: _____

Child's Name: _____

Date of Birth: _____

Membership Number of child: _____

Type of Safety Passenger Seat you are applying for:

Infant Car seat for newborn up to 20 pounds: _____

Infant/Toddler Seat for Newborns to 40 pounds: _____

Booster for children over 40 pounds: _____

The Wyandotte Nation provides Child Restraint Passenger Seats through tribal funds generated by the Wyandotte Nation Tag Program. The Nation reserves the right to provide these safety seats solely for its tribal members.

Certification:

I certify that all the information on this application is true to the best of my knowledge:

Signature of Person receiving Passenger Seat: **Date:** _____

Program Administrator: **Date:** _____