To the Donor of a Safety Seat:

Please help protect children by answering the following questions. Please print this form, write your answers, and attach it to the safety seat you are donating.

Manufacturer ________________________________
Model Name and Number ________________________________

Manufacture Date ____________ Expired? ☐ Yes ☐ No ☐ Don’t Know
Was the seat ☐ purchased new by you? OR ☐ a new gift? OR ☐ bought or received used?
Has there been a recall on the seat? ☐ Yes ☐ No ☐ Don’t Know
If yes, did you repair the seat as instructed by the manufacturer? ☐ Yes ☐ No

Please describe ____________________________________________________________________________________

Was the seat involved in a crash? ☐ Yes ☐ No If yes, was a child in the seat? ☐ Yes ☐ No
Explain briefly _____________________________________________________________________________________

Is the original instruction booklet with the seat? ☐ Yes ☐ No

Your Name ____________________________________________
Address __________________________________________________________________________________________
City __________________________ State ________ Zip __________
Telephone Number (______)______________ E-mail __________________________

SafetyBeltSafe U.S.A.  P.O. Box 553, Altadena, CA 91003  www.carseat.org
310/222-6860, 800/745-SAFE (English)  310/222-6862, 800/747-SANO (Spanish)

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