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
310/318-5111 800/745-SAFE (English) 800/747-SANO (Spanish)

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