## CHILD SAFETY SEAT AFFIDAVIT RS 32:414 T

I			have acquired an approved age- or size-		
Last Name	First Name	Middle Name			
appropriate child re	estraint syster	n in accordance	with RS:32:295 an	d have compl	ied with all
other requirements	of reinstatem	ent as provided	by law and departn	nent regulatio	n
Signature			Drivers License Number		
		, a Notary Public of			
State of Louisiana	aforesaid, her	eby certify that	Last Name		Middle Name
known to me to be and having been by are true and correct Witness my hand a	me duly swo	orn deposed and	said that the facts s	set forth in the	e above affidavit
(SEAL)	nd official se	Notary			umber
My Commi	ssion expires	:			
/	/				