



# Ocean County Library

## Connecting People, Building Community, Transforming Lives

### Library Card Application

**Proof of Residency is required for obtaining a library card**

<b>APPLICANT INFORMATION</b>	<b>PLEASE PRINT</b>	<b>ALL INFORMATION IS CONFIDENTIAL</b>
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Last Name	First	Middle	Title	Suffix						
Street Address Apartment/Unit #										
City	State	Zip code	Phone (    )							
Please Circle Notification Preference : E-mail or Telephone - or Text Messaging* Specify Carrier:			E-mail Address:							
eReceipts:                      Yes    or    No										
Birth date (MM/DD/Year)			Password (4 character minimum, 16 character maximum)							
Alternate Address                      Street										
City	State	Zip code	Alternate Phone (    )							
Alternate E-Mail										
<b>Optional Information</b>										
Male	Female	Age Group	0-5	6-12	13-16	17	18-29	30- 54	55-64	65+
African-Amer		Asian/Pacific Is	Cauc	Hispanic	Native Amer		Multiracial	Other		
I agree to follow all the rules and regulations of the Ocean County Library										
Signature _____										
If under the age of 17, Signature of parent or guardian _____										
Please print name of parent/guardian _____										

\*Standard text messaging fees apply

\*\*The Ocean County Library holds parents and guardians responsible for the fines and fees associated with books and materials borrowed by their minor children under the age of 17.

Staff Use Only ~ Barcode 23160 \_\_\_\_\_ Date \_\_\_\_\_ Record ID \_\_\_\_\_ Initials \_\_\_\_\_ Retain Until \_\_\_\_\_

Revised 01/26/17