



Ocean County Library

Connecting People, Building Community

Library Card Application

www.theoceancountylibrary.org

APPLICANT INFORMATION		PLEASE PRINT		ALL INFORMATION IS CONFIDENTIAL		
Last Name	First	Middle	Title	Suffix		
Street Address			Apartment/Unit #			
City	State	Zip code	County			
Phone ()	E-mail Address					
Please Circle Notification Preference : E-mail OR Telephone						
Birth date (MM/DD/Year)			Password (4 character minimum, 16 character maximum)			
Alternate Address		Street				
City	State	Zip code	County			
Alternate Phone ()	Alternate E-Mail					

Optional Information									
Male	Female	Age Group	0-5	6-12	13-17	18-29	30- 54	55-64	65+
		African-American	Asian/Pacific Is	Caucasian	Hispanic	Native American	Other		
I agree to follow all the rules and regulations of the Ocean County Library									
Signature_____									
If 12 or under Signature of parent or guardian_____									
Please print name of parent or guardian_____									