



Ocean County Library Card Application

Connecting People, Building Community, Transforming Lives

Discover Ocean County Library: The Education Initiative

APPLICANT INFORMATION		PLEASE PRINT		ALL INFORMATION IS CONFIDENTIAL	
Last Name		First		Middle	Title Suffix
Street Address Apartment/Unit #					
City		State		Zip code	Phone
Notification Preference : Email Telephone Text Messaging* Specify Carrier:				E-mail Address:	
eReceipts:		Yes	No		
Password (4 character minimum, 16 character maximum)					
Birth date (MM/DD/YY)			Age Group: 0-5 6-12 13-16 17 18-29 30- 54 55-64 65+		
Alternate Address		Street			
City		State		Zip code	Alternate Phone
Alternate E-Mail					
Optional Information:					
Male Female					
African-Amer	Asian/Pacific Is	Cauc	Hispanic	Native Amer	Multiracial Other

By signing below, I agree to follow all the rules and regulations of the Ocean County Library.

Signature _____
By typing my name above, I am electronically signing my application

School: _____ Grade: _____ Homeroom: _____

If under the age of 17, signature of parent or guardian** _____
By typing my name above, I am electronically signing my application

Please print name of parent/guardian _____

Use the link below to submit your application

If you experience any issues with submitting your application, please contact Jeri Gunther at jgunther@theoceancountylibrary.org

* 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 _____