

Library Card Application



Ocean County Library
Connecting People, Building Community,
Transforming Lives



Proof of Residency is required for obtaining a library card

APPLICANT INFORMATION	PLEASE PRINT	ALL INFORMATION IS CONFIDENTIAL
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Last Name	First	Middle	Title	Suffix
Street Address Apartment/Unit #				
City	State	Zip code	Phone ()	
Notification Preference : E-mail 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				

By signing below, 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 _____