



Ocean County Library

Connecting People, Building Community, Transforming Lives

Library Card Application

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 ()							
Please Circle Notification Preference :		E-mail Address:								
E-mail or Telephone or Text Messaging*										
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										
Optional Information										
Male	Female	Age Group	0-5	6-12	13-16	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 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 08/04/14