

# 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		
Last Name	First	Middle	Title	Suffix

**NAME ON IDENTIFICATION (if different from above)**

\*Check box for print notifications to be sent to name on identification.

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 rates 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 \_\_\_\_\_