

## Carbon County Library System Library Card Application Minor (5-17 years old)

## Applicants must show photo identification and acceptable proof of residence to qualify for a library card. Please print clearly and use black ink

Child's Last Name First Name		Middle Initia	I Bir	Birth Date	
Parent's Last Name		First Name	Mido	Middle Initial	
Mailing Address		Town	State	Zip	
Home Address	(If different than mailing)	Town	State	Zip	
Home Phone Number		Cell Phone Numbe	r Secondary F	Secondary Phone Number	
minor child selects present. I agree to financially responsi	act on behalf of parents/le for reading, listening, view adhere to the CCLS set on ble for my child's use of the address change or lost/s	wing, and checking ou of Governing Policies fo heir card and to pay a	t when a parent/legor this account. Sp ny charges incurre	gal guardian is not ecifically, I agree to be	
Parent / Guardian Date Signature (must sign in presence of library staff)					
E-mail Address					
For Staff Only:		NP FEE	RR Initial		
OK to take over record?		Barcod	le Assigned:	Assigned:	