

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	
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					
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 _____

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 _____