

Date _____ Staff _____ Barcode _____



St. Bernard Parish Library
Library Card Application

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street/Mailing) (City) (Zip Code)

PHONE: _____
(Home) (Cell) (Work)

DRIVER'S LICENSE/ID: _____ TEMPORARY PIN: 9999

EMAIL ADDRESS: _____ DATE OF BIRTH: _____

RESPONSIBILITY FOR MINOR CARDS:

| | | | | | |
|-------|--------|---------|----------|-----|-------|
| NAME: | _____ | _____ | _____ | DOB | _____ |
| | (Last) | (First) | (Middle) | | |
| NAME: | _____ | _____ | _____ | DOB | _____ |
| NAME: | _____ | _____ | _____ | DOB | _____ |
| NAME: | _____ | _____ | _____ | DOB | _____ |

STAFF USE

✂-----Please cut along this line, and bring this completed form with your ID to the library-----