

# Ellsworth Public Library

## Library Card Registration Form

County of Residence: \_\_\_\_\_

Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Name: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

**\* Photo ID Required \***

Mailing Address: \_\_\_\_\_  
STREET APT # OR PO BOX 3 CITY STATE

Cell Phone: ( ) \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ ZIP CODE

Email: \_\_\_\_\_

For notifications of hold, overdues, etc. Check one.

### Parent(s)/guardian(s) (if under 18 years old):

NAME RELATIONSHIP TO CHILD PHONE # SIGNATURE

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**I HEREBY AGREE TO OBEY ALL THE RULES AND REGULATIONS OF THE PUBLIC LIBRARY, TO PAY ALL FINES CHARGED AGAINST ME FOR THE DAMAGE OR LOSS OF BOOKS, AND TO GIVE IMMEDIATE NOTICE OF ANY CHANGE OF ADDRESS.**

SIGNATURE REQUIRED \_\_\_\_\_

FOR OFFICE USE ONLY: Barcode: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_