STAMFORD VILLAGE LIBRARY CARD APPLICATION FORM

(Please provide photo ID and proof of a local address, such as a driver's license or bill)

	Type of library card requested (please circle):		ADULT	JUVENILE	
Name:					
	Last	First **********	*******	********	MI *
For Juvenile Card	ds - Parent or Guardian livir	ng at home, please complete	the following:		
Mother's Name:					
Father's Name:					
Child's Date of Birth:			*******	*******	*
Local Address:					
	Street Address	PO Box		Apt #	
-	City	State		ZIP	
-	Town	County			
Telephone #:		Work #:			
Email address: _					
Alternate address	s (if not a full-time resident):			
Please provide a 4	4-digit PIN for online libra	ary services:			
with all its rule	es and regulations. I	my child) to use the St agree to give immediat on. I will be responsible	e notice of any c	hange of address, p	hone
Signature:		_	Date:		
For Juvenile Cards	:				
	******	********	******	******	*******
For staff use only: Staff initials:	Date:	L	ast 4# of Card Issued	d:	
Type of Photo ID:_		Proof of Area Residenc	re:		