



Child's Library Card Application

PLEASE PRINT

Child's Last Name: _____ First: _____ Middle: _____

Mailing Address: _____

City/State: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Please circle one: Female Male

Would you like the library to maintain a list of the items your child has checked out? YES NO

Name of School: _____

(Birth date information is used to distinguish your account from other patron accounts, especially from those with similar names.) Date of Birth: _____ / _____ / _____

Please use numbers for the Month, Day, and Year

PLEASE READ BEFORE SIGNING: I verify that this information is correct and I assume financial responsibility for materials borrowed or charges incurred on any card issued from this application. Parents, please bring proper picture ID and current address confirmation with you when you apply for the library card.

I understand that I am the only person permitted to use this library card.

Child's Signature: _____ Date: _____

Parent's Name: _____ Date: _____

Please Print

Signature of Parent or Guardian: _____ Date: _____

Office use only

Library Card Number: 29488

Employee Initials: _____

100 East Colonial Avenue/ Elizabeth City, NC 27909

Phone (252) 335-2473 / Fax 252-331-7440

<https://pasquotanklibrary.org>