



Library Card Application Minor

Minor Information

Date of Birth: _____

Name (Last, First M): _____

Guardian Information

Name (Last, First M): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ DL or ID #: _____

Email: _____

By signing this document, you confirm you are the legal guardian to the minor listed above. That you agree to comply with the policies of the Humboldt County Library and agree to pay any fines associated with lost or damaged materials

Guardian Signature: _____

For Library Use:

New

Express

Update

Mail

Barcode: _____

Initials: _____ Date: _____

Notes: _____