Santa Fe Public Library
Library Card Application – Child

Applicant Information:

☐ I live in the city limits of Santa Fe ☐ I live outside the city limits of Santa Fe, but inside Santa Fe County ☐ I live elsewhere

Birthday ***(mm/dd/yyyy)*****:** ____ ____ / ____ ____ / ____ ____ ____ ____

Last Name: _____ First Name: _____ M.I. ____

Preferred Name *(optional)*: _____

Mailing Address: _____

City: _____ State: ____ ____ Zip Code: ____ ____ ____ ____ ____

Phone number: (_____ _____ _____) _____ _____ _____ - _____ _____ _____ _____

Email Address: _____

Preferred contact method(s): ☐ Email ☐ Phone Call

Parent or Guardian Information (*this section must be completed by parent or guardian if applicant is under 13 years of age*):

Last Name: _____ First Name: _____ M.I. ____

Phone number: (_____ _____ _____) _____ _____ _____ - _____ _____ _____ _____

Email Address: _____

Preferred contact method(s): ☐ Email ☐ Phone Call

By signing this form, I accept responsibility for all library materials checked out with this card and for all fees that may be incurred by using this card.

Parent or Guardian Signature: _____ Date: _____

FOR LIBRARY USE ONLY

LIBRARY CARD NUMBER _____ DATE: _____ STAFF INITIALS: _____ ID: _____