

BALTIMORE COUNTY PUBLIC LIBRARY



Baltimore County Public Library Card Registration			
		PLEASE PRINT	
Last Name:		First Name:	
Middle Name:		Jr. / Sr. / I / II / III:	
Street Address:			Apt #:
City, State, Zip: _		County: _	
Home Phone Nu	mber:	Cell Phone Number:	
Cell Provider (Exa	amples: Verizon, Sprint, etc. Mu	ust indicate to receive text notification):	
Email:			
How would you pr Notification Prefe **Int Inter	refer to be notified? erence (Choose One): erested in E-Receipts? rested in Text Notification:	□ Yes □ No (If yes, must enter cell p	one (cell) 🗅 Text
	D/YYYY):		(Show ID to Staff Member)
	ans of applicants under the		
Parental Authoriza		uge 0j 18.	
My child, under the	age of 18, has permission to	o obtain a library card from Baltimore related to any borrowed materials.	County Public Library.
Parent/Guardian Si	gnature:		
	D	o Not Write Below This Line	
	dult Juvenile Juve	enile DVD Other:	
lf juvenile, parent a	uthorization for adult DVD/vie	deo game? 🗳 Yes 🗳 No	
Parent Name:			f > ©
Staff Initials:	Date:	Entered by:	bcpl.info