

# Truro Public Library Juvenile Registration Form

Have you ever been registered at another Cape Cod Library? Yes No (circle one)

Name: \_\_\_\_\_  
Last First Middle

**Permanent/Legal Address:**

\_\_\_\_\_  
PO Box Number AND Street Address

\_\_\_\_\_  
City/Town State Zip Country (if not US)

**Telephone No.:** \_\_\_\_\_  
(including Area Code)

**E-Mail Address:** \_\_\_\_\_

**Local Address (if different from above):**

\_\_\_\_\_  
PO Box Number AND Street Address

\_\_\_\_\_  
City/Town State Zip Country (if not US)

**Telephone No.:** \_\_\_\_\_  
(including Area Code)

**Identification:** \_\_\_\_\_ **Pin No.:** \_\_\_\_\_

**Date of Birth (if under 18 years):** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_  
Last First Middle

**Permanent/Legal Address:**

\_\_\_\_\_  
PO Box Number AND Street Address

\_\_\_\_\_  
City/Town State Zip Country (if not US)

**Telephone No.:** \_\_\_\_\_  
(including Area Code)

I apply for the right to use the Library, and agree to comply with all of its rules and regulations, and to give immediate notice of any change in the above information.

X \_\_\_\_\_  
SIGNATURE of Applicant, or Guardian, if applicant is a minor DATE

Non-MA resident fee paid (if applicable): \_\_\_\_\_ Staff Initials: \_\_\_\_\_ All information entered: (date): \_\_\_\_\_