

CHURCHILL COUNTY LIBRARY  
PATRON REGISTRATION

Library Use Only

BARCODE# \_\_\_\_\_

**DO NOT ENTER NUMBERS IN PATRON'S RECORD**

Staff Initials \_\_\_\_\_ Circle what form of ID you looked at: NV Driver's License or ID/Military Id/Other

**PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY**

1. Name \_\_\_\_\_  
Last Name First Name Middle Initial

2. Post Office Box (if any) \_\_\_\_\_

3. Physical Address \_\_\_\_\_

4. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell/Carrier (\_\_\_\_) \_\_\_\_\_

6. Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. Do you want to be notified of holds via email \_\_\_ text \_\_\_ telephone \_\_\_ mail \_\_\_ Circle one

**9. REFERENCE \*REQUIRED\* Someone not at the same address as applicant**

\_\_\_\_\_  
Name Address Phone Number

**IMPORTANT ---- PLEASE READ**

Pursuant to NRS 239.013, library patron records are confidential, and no information may be disclosed except in response to an order issued by a court if releasing such information is necessary to protect the public safety or to prosecute a crime.

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**I ACCEPT RESPONSIBILITY FOR ALL MATERIAL  
CHECKED OUT ON THIS LIBRARY CARD**  
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10. Your Signature \_\_\_\_\_

**IF APPLICANT IS UNDER 18 YEARS OF AGE**

PARENTS/LEGAL GUARDIAN: Please print your name, address, and phone number.

Name \_\_\_\_\_ NVDL/Military ID \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

Parent's/legal guardian Signature \_\_\_\_\_

