



Jefferson Davis Parish Library

Adult Registration Form

Name _____
Last First Middle(Nickname)

Gender: Male _____ Female _____

Home Address _____
Street Apt. # City State Zip

Mailing Address (If Different from home) _____
P.O. Box City State Zip

E-Mail Address _____

Home Phone(____) _____ Mobile Phone(____) _____

Mobile Phone Carrier _____

Spouse's/Partner's Name _____

Driver's License Number _____

Birth Date ____/____/____

*User Name _____ Password (4 Numbers) _____

*For use with accessing your library account online.

I wish to borrow library materials from the Jefferson Davis Parish Library. I will observe all rules established by the library and will be responsible for all materials borrowed on my card, with or without my consent. I also agree to pay any fines or other charges imposed for late return or mutilation of library materials.

Signature _____

Date _____

This Section for Staff Use

ID# _____

Branch _____