

APPLICATION FOR BOOKS-BY-MAIL SERVICE (please print)

Date _____

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Birthdate _____

I have a St. Louis Public Library card. The number is _____.

Applicant's Signature _____

To be filled out by a Physician OR Nurse OR Social Worker:

Date _____

I certify that _____ is homebound and is physically unable to travel to the library due to physical disability.

Certifier's Name _____ Affiliation _____

Certifier's Signature _____

If disability is temporary, please estimate length _____