

LIBRARY CARD APPLICATION FORM

Date of Application: _____ Valid Until: _____ ID No.: _____
Name: _____
(First Name) (Middle Name) (Surname)
Address: _____
Tel. no./Cellphone no.: _____
Date of Birth: _____ Sex: _____
Father's Name: _____ Mother's Name: _____
Guardian (If Minor): _____ Address: _____

Signature of Applicant

Approved by:

Mariza G. Chico
OIC, Quezon City Public Library

Waiver of Confidentiality: By accomplishing this form I agree that my personal data will be used to process my application for identification purposes in case of emergency and for demographics presentation.

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