

**Sidney Memorial Public Library  
Juvenile Application**

**Name** \_\_\_\_\_  
First Middle Last

**Local Mailing Address**

\_\_\_\_\_  
Street, RR# & Box# or PO & Box #

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
County Telephone

**School District** \_\_\_\_\_ **Birthday** \_\_\_\_\_  
Month/Date/Year

Secondary Address \_\_\_\_\_  
Street, RR# & Box# or PO & Box #

\_\_\_\_\_  
City State Zip

Telephone \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

Telephone \_\_\_\_\_

Barcode Number \_\_\_\_\_