



Live Oak Public Library

PINES Library Patron Registration

3/2026

Page 1

LIBRARY STAFF USE ONLY

Barcode _____ Date registered _____ Staff _____

This information will be used for library purposes only and is considered confidential as specified by Georgia Code 24-9-46.

APPLICANT INFORMATION (check one) Adult only Adult and minor(s) Minor(s) only

FULL NAME

Title (Mr.,Ms.,etc.) First Middle Last

DATE OF BIRTH _____ / _____ / _____ **PARENT/GUARDIAN NAME** _____
Month (MM) Day (DD) Year (YYYY) if applicant is under 18 years old

IDENTIFICATION _____ or _____
State (GA) Driver's License # State-issued ID

EMAIL _____ **PHONE** _____
address@example.com XXX-XXX-XXXX
 I would like to receive the Library e-newsletter

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
(if different) Street City State Zip

WOULD YOU LIKE TO REGISTER TO VOTE TODAY? (check one)
 I would like to register I do not want to register I will take a form home I am already registered I am not eligible

I apply for the right to use the Library, agree to comply with all its rules and regulations, and give immediate notice of any change of address.

I accept financial responsibility for all fines and/or damages to all Library materials, audiovisual materials and equipment beyond normal wear and tear, which is lost or damaged beyond use while checked out on my card. Under Georgia Code (OCGA Annotated Rev. 1985 20-5-53), failure to return items borrowed from a public library is considered a misdemeanor.

As the parent or guardian of a child under 18 years, I am willing to allow him/her to borrow materials from the Public Library. I will take responsibility and make good any charges or loss to library materials and pay any fine justly charged.

APPLICANT SIGNATURE _____ **DATE** _____

PARENT/GUARDIAN NAME (please print) _____ **DATE** _____
if applicant is under 18 years old

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Continue to Page 2 to list minors you would like to register

Please list minors (under age 18) that you would like to register. You must be 18 to register minors. You must sign Page 1.

Barcode _____	Date registered _____	Staff _____
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MINOR 1

FULL NAME _____
First Middle Last

DATE OF BIRTH _____ / _____ / _____ **PARENT/GUARDIAN NAME** _____
Month (MM) Day (DD) Year (YYYY)

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
(if different) Street City State Zip

Barcode _____	Date registered _____	Staff _____
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MINOR 2

FULL NAME _____
First Middle Last

DATE OF BIRTH _____ / _____ / _____ **PARENT/GUARDIAN NAME** _____
Month (MM) Day (DD) Year (YYYY)

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
(if different) Street City State Zip

Barcode _____	Date registered _____	Staff _____
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MINOR 3

FULL NAME _____
First Middle Last

DATE OF BIRTH _____ / _____ / _____ **PARENT/GUARDIAN NAME** _____
Month (MM) Day (DD) Year (YYYY)

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
(if different) Street City State Zip