

# bcls.lib.nj.us



Burlington County Library System  
5 Pioneer Boulevard  
Westampton, NJ 08060  
609-267-9660

## LIBRARY BY MAIL HOMEBOUND CUSTOMER CERTIFICATION

*Please print clearly. Return this completed form to the address listed below.*

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** *(include area code)* \_\_\_\_\_

**The following section must be completed by a physician.**

*Please print clearly. Return this completed form to the address below.*

**I certify that \_\_\_\_\_  
is homebound and unable to travel to the Burlington County Library**

☐ **Permanent Homebound Status**

☐ **Temporary Homebound Status**

*Please provide length of homebound status:* \_\_\_\_\_

**CERTIFIER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** *(include area code)* \_\_\_\_\_

**CERTIFIER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(REQUIRED)*

**CUSTOMER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*To be completed by library staff:*

**LIBRARY BARCODE:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_