

**LIBRARY BY MAIL  
HOMEBOUND CUSTOMER CERTIFICATION**

Please print clearly. Email the completed form with physician's certification and a copy of your photo ID to **mailservice@bcls.lib.nj.us** or mail to Burlington County Library System, c/o Library by Mail, 5 Pioneer Blvd., Westampton, NJ 08060

*Upon approval, BCLS Homebound Customers can receive free delivery to their Burlington County address. Select library materials, such as books, DVDs and CDs, will be delivered to your front door via the U.S. Postal Service.*

**Applicant Information**

APPLICANT NAME (FIRST) \_\_\_\_\_ (LAST) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL \_\_\_\_\_ @ \_\_\_\_\_

Do you already have a BCLS card? ☐ YES Please provide barcode 23660

☐ NO Note: You may be required to supply more information.

☐ I confirm that the information provided on this form is accurate to the best of my knowledge.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

I \_\_\_\_\_ certify that the above-named applicant is homebound and qualifies for the Burlington County Library System free Library by Mail service.

☐ **Permanent Homebound Status**

☐ **Temporary Homebound status**

*\*Provide length of temporary status* \_\_\_\_\_

PHYSICIAN/CERTIFIER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

PHYSICIAN/CERTIFIERS  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*To be completed by BCLS Staff*

Library Barcode: \_\_\_\_\_ Expiration Date \_\_\_\_\_