



## **Childrens application for Copenhagen Libraries** (please use a ballpoint pen)

As custodial parent/financially responsible I hereby give my consent, so that the child can borrow materials from the library in accordance with the rules and regulations of Copenhagen Libraries.

If the obligations to the library are not met, I am personally liable.

The child's national identification number, CPR-No.:

The child's name:

The child's address:

Postcode:

City:

### **Custodial parent/guardian**

Name:

CPR-No.:

Address:

Postcode:

City:

Mobile number:

E-mail:

Date:

Signature:

**PLEASE BRING THE CHILD'S HEALTH INSURANCE CARD WITH YOU.**