



Application

Please use a ballpoint pen

The child's national identification number, cpr-nr.
(or foreign national no./date of birth):

The child's name:

The child's address:

Postal no.:

Town:

I give permission for the child to be enrolled in Copenhagen Libraries. I am familiar with the rules.

Custodial parent's/guardian's cpr-nr.
(or foreign national no./date of birth):

Custodial parent's/guardian's name:

Text message:

E-mail:

Date:

Signature:

Please bring the child's national health service medical card with you.