



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

As custodial parent/guardian, I hereby give my consent so that

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

The child's name:

The child's address:

Postcode:

City:

can borrow materials from the library in accordance with the rules and regulations of Copenhagen Libraries. I understand that I am obligated to pay the fee for late returns and for the replacement of damaged and/or lost materials.

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

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.