

**Babylon Public Library
Application for Books by Mail
Homebound Library Service**

Name: _____

Address: _____ Tel: _____

City: _____ Zip Code _____

____ Adult

____ Young Adult

____ Juvenile (age ____)

Certification of Disability:

I am eligible for Books by Mail because I am unable to get to the library due to a disability.

Please explain: _____

This disability is _____ permanent, _____ temporary

Signature _____

Certifying Authority: To be filled out by a doctor, social worker, nurse, or other qualifying professional.

I hereby certify that the above named person is eligible to receive Books by Mail Homebound Services.

Name/Title	Tel.	Date
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Babylon Public Library
Books by Mail Reader Interest Survey
Homebound Library Services

Name _____ Tel: _____

Reading Preferences:

_____ Please send only the titles I request.

_____ Please select books for me from the categories below.
In addition I may select specific titles whenever I wish.

_____ Regular Print _____ Large Print

Fiction: (circle all that apply)

Adventure Fantasy Science Fiction Animals Romance Humor
Mysteries Westerns Thrillers Short Stories Historical novels, Classics

Other, specify _____

Non Fiction: (circle all that apply)

Adventure Cooking Nature and Animals Current Events Psychology
Sports Poetry World History Business Art Theater/Plays Travel
Gardening Politics Personal Finance True Crime Philosophy
Biography Science Religion Health Topics

Crafts and Hobbies, specify _____

Other, specify _____

My favorite authors

are: _____

My first requests are:

1. _____

2. _____

3. _____

4. _____