



# Cannon Beach Library Books For Babies



**Baby's Name:** Please Print Clearly \_\_\_\_\_

**Baby's Date of Birth:** (mm/dd/yyyy) \_\_\_\_\_

**Parents' Name:** Please Print Clearly \_\_\_\_\_

**Parents' Permanent Mailing Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parents' Phone** \_\_\_\_\_

**Parents' Email** \_\_\_\_\_

Name of person completing the request, if not parent: \_\_\_\_\_

Program funded by a donation from a member of the library.

**Data Received**                      **Date:** \_\_\_\_\_                      **By:** \_\_\_\_\_



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