

NEW BRITAIN PUBLIC LIBRARY



Would you like to register to vote or update your registration? (Must be 18 or older) Yes ___ No ___

NAME _____
(FIRST) (MIDDLE) (LAST)

ADDRESS _____
(STREET) (APT.#)

NEW BRITAIN, CT 0605 ____

TELEPHONE _____
(HOME) (WORK)

DATE OF BIRTH _____ MALE _____ FEMALE _____

E-MAIL ADDRESS (optional): _____
(For library use only)

*****PLEASE FILL IN BELOW, IF UNDER 18 YEARS OLD*****

PARENT'S NAME OR GUARDIAN WITH WHOM YOU LIVE _____

SCHOOL _____ GRADE _____