



5 Pioneer Boulevard
Westampton, NJ 08060
609-267-9660

Library by Mail

Homebound Customer Certification

(Please print)

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

TO BE CERTIFIED BY A PHYSICIAN:

I certify that _____
is homebound and unable to travel to the Burlington County Library due to:

Permanent Homebound Status

Temporary Homebound Status
Please provide length of homebound status _____

Certifier's Name _____

Address _____

Phone Number _____

Certifier's Stamp/Signature *(Required)*:

_____ Date _____

Customer's Signature:

_____ Date _____

To be completed by library staff:

Library Barcode _____ Expiration Date _____