

Certificate of Eligibility for Homebound Return-postage Waiver

Books – By – Mail, Hastings Branch Library
St. Johns County Public Library System
6195 South Main Street, Suite B
Hastings, FL 32145
904-827-6977
BooksByMail@sjcfl.us

Please Print or Type:

Last Name	First Name	MI	
Street	St. Johns	Florida	
City	County	State	Zip code

Are you a current library card holder? Yes ___ No ___

Telephone#: _____ Email: _____
(Please circle preferred method of contact.)

CERTIFICATE OF ELIGIBILITY

Date active: _____

Please have your doctor, or *other* qualified medical provider complete this section to qualify for Free Matter or Homebound services.

Reason applicant qualifies for Books-By-Mail Free Matter:

Legally blind Visual Impairment
 Deaf and blind Physical impairment

Only doctors of medicine or osteopathy can certify Reading Disability.

Certified by: _____	Title: _____
Print or Type Name: _____	
Address: _____	
City: _____	State _____ Zip Code _____