

**Certificate of Eligibility
for Homebound Return-postage Waiver**

Books-by-Mail, Southeast Branch Library
 St. Johns County Public Library System
 6670 U.S. 1 South
 St. Augustine, FL 32086
 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** _____