Books by Mail Service

The New York Public Library's Books by Mail Service provides books and other library materials to homebound people of all ages who live in the Bronx, Manhattan and Staten Island.

Books by Mail is only for individuals who are unable to leave home because of a temporary or permanent disability. This application must be filled out completely and must be signed by a physician, nurse or social worker who can verify that you are disabled and unable to leave home.

The application asks about your reading interests. The sections labeled "age level", "format preferences" and "language preferences" must be filled out. If you check "please do not select items for me", we will only send items you have specifically requested.

If you check "please select items for me", you should indicate your areas of interest under fiction and/or non-fiction. All of the questions on the reader interest page are about the kind of materials you want the library to provide. If you opt to have us select items for you, we will send several items from the subject areas you have indicated approximately once a month. In addition, you may request specific items at any time.

When registration is complete, you will receive your first Books by Mail delivery along with a welcome letter which further explains how the service works. You will also be told how to contact us when you have questions or want to place requests for library materials.

Once you are registered for the Books by Mail service, materials are sent in a reusable envelope by book rate through the United States Postal Service. The packages are delivered to your home and should be returned in the same envelope by depositing them in a mail box or by having the letter carrier pick them up. The address card in the front envelope must be reversed so that our address and the return postage are showing.

Detach and keep this page and return the rest of the application to the following address:

ASK NYPL  
Attn: Books By Mail Registration  
11 West 40th Street  
New York, NY 10018

If you have any questions, please call us at 917-ASK-NYPL (917-275-6975).
Application for Books By Mail Service (please print)  

DATE ____________

NAME __________________

First ___________________ Last ____________________________  

ADDRESS ____________________________

Number ___________________ Street ____________________________ Apt. # ____________________________  

BOROUGH _______________________  ZIP CODE _________________  

TELEPHONE NUMBER ( ___ ) ____________________________  

☐ I have a New York Public Library card and the number is ____________________________  

If you do not already have a library card, you will also need to complete the Homebound Library Card application and return it along with this application.  

☐ I use a computer with Internet access and my e-mail address is ____________________________  
☐ I do not use a computer with Internet access  

APPLICANT’S SIGNATURE ____________________________  

PARENT OR GUARDIAN’S SIGNATURE ____________________________  

(Required for applicants ages 0-11)  

TO BE CERTIFIED BY A PHYSICIAN, NURSE, OR SOCIAL WORKER:  

I certify that ____________________________ is physically unable to travel to the Library.  

print applicant name  

CERTIFIER’S NAME: ____________________________ AFFILIATION: ____________________________  

ADDRESS: ____________________________ PHONE: ____________________________  

CITY: ____________________________ STATE: ______ ZIP: ____________________________  

CERTIFIER’S SIGNATURE*: ____________________________ DATE: ____________  

(*An original signature is required)  

If disability is temporary, please estimate length ____________________________
BOOKS BY MAIL APPLICATION: READER PROFILE

APPLICANT’S NAME


AGE CATEGORY (circle one)
ADULT (65+)  ADULT (19-64)  TEEN (12-18)  CHILD (grade level___)

FORMAT PREFERENCES (please check appropriate boxes)
☐ STANDARD PRINT  ☐ BOOKS ON CD
☐ LARGE PRINT  ☐ MUSIC ON CD
☐ HARDBACK  ☐ DVDS
☐ PAPERBACK

QUANTITY PREFERRED IN EACH SHIPMENT
BOOKS ____  AUDIOBOOKS ____  DVDS ____

PLEASE CHOOSE ONE OF THESE TWO OPTIONS
☐ Please do not select items for me. Send only the titles I request.
☐ Please select items for me from the subject categories circled below. I understand I may also request specific titles whenever I wish.

FICTION (circle your selections of subjects that interest you)
mysteries  suspense  fantasy  science fiction  horror
adventure  war stories  westerns  animals  humor
romance  historical fiction  literary classics  serious fiction
short stories  ethnic heritage  ______ other  ______

NON-FICTION (circle your selections of subjects that interest you)
psychology  occult  current events  politics  business  disabilities  art
animals  cooking  health  poetry  plays  humor  sports  travel
adventure  world history  US history  war stories  biography (current)
biography (general)  science  __________ music  ______
religion  ______ ethnic heritage  ______ computers  ______
other(s)  __________________________________________

LANGUAGE PREFERENCES
I wish to receive books in languages other than English  yes ☐  no ☐
If yes, list other languages you wish to receive  ______________________
Do you also want material in English?  yes ☐  no ☐

AUTHORS and SERIES I LIKE  __________________________________________
_____________________________________________________________________
_____________________________________________________________________