

# C.U.P.I.D.

## Cerritos Updated Patron Information Database

In order to input your information into the database, please complete the following application.

HEAD OF HOUSEHOLD INFORMATION			
♦Last Name♦	♦First Name♦	M	F
♦Address♦			
♦City♦	♦Zip Code♦	♦Birthdate♦	
♦Home Phone♦ (     )	-	♦Work Phone♦ (     )	-
♦E-Mail Address♦			

Please list each family member separately.

- Birth certificates are required for all children under eighteen (18) years of age.

♦Last Name♦	♦First Name♦	♦Birthdate♦	♦M/F♦	♦Birth Certificate♦
Smith	Susan	9/4/88	F	✓
1.				<input type="checkbox"/>
2.				<input type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>

**SPECIAL MEDICAL INFORMATION** *If any family member has a special medical concern, please list below.*

1. Name: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Name: \_\_\_\_\_

### STAFF USE ONLY

#### Residency Verification Information

- California DL/I.D.
- Government Issued I.D.
- Second form of I.D. \_\_\_\_\_  
Postmark Date \_\_\_\_\_

#### Staff Information

Date \_\_\_\_\_  
Staff Name \_\_\_\_\_  
Facility \_\_\_\_\_  
Entered into the system  Yes  No