

EXECUTIVE DIRECTOR

Jane Bareman

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USE OF IDENTITY CONSENT FORM

DATE: _____

Family Name and Address: _____
_____Country child(ren) adopted from: _____

Date child(ren) came home: _____

I/We do hereby declare and warrant that I/we have the legal authority to, and do hereby, authorize and grant a non-exclusive license to Adoption Associates, Inc. and its affiliated agencies for the use of photographs, video or DVD footage, original written material, etc. of ourselves and/or our child(ren)

Name(s)

supplied by me/us for the purposes of marketing and promotion of adoption in any and all print and/or electronic media.

Signature (Adoptive Mother)_____
Date_____
Signature (Adoptive Father)_____
Date