



1338 Baldwin | Jenison, MI 49428 | PH 616.667.0677 | Fax 616.667.0920

USE OF IDENTITY CONSENT FORM

Name(s): _____

Phone/Cell: _____

Email: _____

I/we 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 affiliates for the use of photographs, video footage, original written material, etc., of ourselves and/or our child(ren) for the purposes of marketing and promotion of adoption in any and all print, internet, video or other materials.

Signature

Date

Signature

Date