



Adoption
Associates

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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