



AAI

FUTURES BUILT THROUGH ADOPTION

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EASTERN MICHIGAN DETROIT OFFICE

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CONNECTICUT

phone 860.233.6666
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USE OF IDENTITY CONSENT FORM (FAMILY)

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 or our child(ren) _____

Name(s)

supplied by me/us for the purposes of marketing and promotion of adoption in any and all print, Internet, video, or DVD materials.

Signature (Adoptive Mother)

Date

Signature (Adoptive Father)

Date