

NEWBORN'S FIRST PICTURE

DIGITAL PHOTO USAGE AUTHORIZATION

MOTHER'S NA	ME: NEWBORN'S DATE OF BIRTH:
 Initials	I hereby consent to having a digital image of my newborn taken for the purpose of creating a digital photograph of my newborn for the following purpose:
	- The Aspirus website's online nursery. (Includes first and middle names, gender, date of birth, time of birth, length, and weight.)
Mess	age
	(Website's online nursery offers you the option to add a personal announcement message.) Please print clearly. Only legible and appropriate messages will be included.
 Initials	I would like my baby's photo emailed to me: ☐ Yes ☐ No
	If yes, please email the photo to this email address:
	Please print clearly. Picture will only be emailed to one email address
 Initials	I DO NOT CONSENT to having my newborn's picture taken.
Newborn's F	irst and Middle Names:
Newborn's L	ast Name:ill not be included in purposes listed above.)
(2007 1001100 77	Signed:
	Custodial Parent