



# NEWBORN'S FIRST PICTURE

## DIGITAL PHOTO USAGE AUTHORIZATION

MOTHER'S NAME: \_\_\_\_\_ 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 any/all of the following purposes:

- The Wisconsin Rapids City Times' monthly "Little Wonders" newspaper ad and website and/or the Wisconsin Rapids Daily Tribune's monthly "Little Wonders" newspaper ad. *(Includes first and middle names.)*
- The Aspirus website's online nursery. *(Includes first and middle names, gender, date of birth, time of birth, length, and weight.)*

Message \_\_\_\_\_

*(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 First and Middle Names: \_\_\_\_\_

Newborn's Last Name: \_\_\_\_\_

*(Last name will not be included in purposes listed above.)*

Signed: \_\_\_\_\_

Custodial Parent