

INFORMATION REQUEST

You are under no obligation to provide any of the information requested below.

If you choose to provide any of the requested information,
ONLY provide information that you are willing and/or authorized to have released into the public domain.

PLEASE PRINT ALL INFORMATION

Last Name:		First Name:		Middle:	Suffix (Sr., II.):
Address:					
City/Town:		State/Province:		Zip/Postal Code:	Country:
Birthdate:	Phone No:	Fax No:	Email:		
Web Site URL:				Links and/or References to Web Site: <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized	
Pictures Use/Reproduction (check one box):		<input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized			
Testimonial Use/Reproduction (check one box):		<input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized			
Prayer Card Use/Reproduction (check one box):		<input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized			
News Letter Use/Reproduction (check one box):		<input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized			

SPOUSE	First Name:	Middle:	Maiden:	Birthdate:
	Anniversary:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized		

CHILDREN	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized
	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized
	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized
	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized
	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized
	First Name:	Middle:	Birthdate:	Pictures Use/Reproduction (check one box): <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized

SENDING	Church/Organization Name:					
	Address:					
	City/Town:		State/Province:		Zip/Postal Code:	Country:
	Phone No:	Fax No:	Email:			
	Web Site URL:				Links and/or References to Web Site: <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized	

SERVING WITH	Church/Organization Name:					
	Address:					
	City/Town:		State/Province:		Zip/Postal Code:	Country:
	Phone No:	Fax No:	Email:			
	Web Site URL:				Links and/or References to Web Site: <input type="checkbox"/> Authorized <input type="checkbox"/> NOT Authorized	

AUTHORIZATION FOR USE OF INFORMATION AND PICTURES

BEREAN BAPTIST CHURCH OF SHELBY, NC is hereby authorized to use the above information and items, and to take or permit pictures to be taken of the children and adults authorized above for use by **BEREAN BAPTIST CHURCH OF SHELBY, NC** in publications, newspapers, its web site, and/or television for the purposes of public relations for **BEREAN BAPTIST CHURCH OF SHELBY, NC**.

Dated this _____ day of _____, 20_____.

Signature - Father

Signature - Mother

Witnessed by