

**St. Joseph Catholic Church  
511 N. Memorial Drive  
Prattville, AL 36067**

Organization/Ministry Name: \_\_\_\_\_

Date: \_\_\_\_\_

I DO GIVE \_\_\_\_\_ DO NOT GIVE \_\_\_\_\_ the

\_\_\_\_\_ permission to take and use photos of myself or my  
(Organization/Ministry)

children for use on display boards, newsletters, church website, press release, etc.

I DO GIVE \_\_\_\_\_ DO NOT GIVE \_\_\_\_\_ the

\_\_\_\_\_ permission to use my name and/or those of my  
(Organization/Ministry)

child/children in the above listed venues.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)