

DIOCESE OF PENSACOLA-TALLAHASSEE

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I,	, the parent/legal guardian of the minor
(print name)	
child(ren)	
	(print name(s))
hereby give permission for the I	Diocese of Pensacola-Tallahassee and any of its affiliated
organizations, including but not	limited to the Catholic Compass, to use my child's/
(children's) name(s) and/or photo	tograph(s) for promotional, news or public relations
purposes in print and/or electron	nic media.
	Date
	(Month/Day/Year)
Signed	
	(Signature)

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