



Funeral Home Release of Information Authorization and Consent for Photography Form

I hereby authorize (facility name) _____ to give my name and all relevant information to Sufficient Grace Ministries for Women, Inc. so that they can request a loss comfort companion and remembrance photographer to provide memory-making, support, and/or photography services to my family.

I hereby give Sufficient Grace Ministries consent or any of its legal representatives, and those acting with its authority, permission to:

- Memory-Making Keepsakes (Footprints, Handprints, Clay Molds)
- Photograph my baby
- Photograph me, my family, my baby, or others in varying degrees
- Photograph the funeral services

When SGM provides services:

- I would like to be present
- I do not need to be present

Additional Instructions: _____

I understand that photographs and resources are a free gift from SGM. I, the parent, will receive a link to download edited images (within 6-8 weeks), accompanied by a copyright print release. Parents are responsible for any financial costs incurred in printing images. I give permission for Sufficient Grace Ministries to use the photographs taken for my family as a part in telling the story of the ministry and hereby allow Sufficient Grace Ministries to publicly use any or all of the photographs for:

- Education & Training
- Publications
- Presentations
- Website

I hereby release Sufficient Grace Ministries or any of its legal representatives from liability, including any claims of libel or invasion of privacy, directly or indirectly connected with, arising out of or resulting from the taking or authorized use of these photographs.

All volunteers and staff of Sufficient Grace Ministries for Women, Inc agree to keep all patient information confidential within our organization. Volunteers agree to comply with hospital Privacy Policies and Procedures including implementation of the HIPAA Privacy Rule.

Baby	Print _____	Date _____
Parent(s)	Print _____	Signed _____
	Print _____	Signed _____
Witness	Print _____	Signed _____

Contact Information: Parent Address _____

Phone _____ Email _____

Parent Address _____

Phone _____ Email _____

***Funeral Home: Please keep a signed copy of this form with client's file, provide a copy to the family, and scan and email a copy to sufficientgraceministries@gmail.com.**