



# Domestic Adoption Arrival Release of Information

Please complete this form and send it with your child's photo to the address listed at the bottom of this form. **No professional/studio photos, please.** Your last name(s) will **not** be used on the website, and the birth date of your child will only be listed by month and day. If you would like your photo returned, please include a self-addressed envelope.

Name of child \_\_\_\_\_ Gender \_\_\_\_\_

Birth date (month and year) \_\_\_\_\_ Arrival Date \_\_\_\_\_

Residing city and state \_\_\_\_\_

Name(s) of parent(s) \_\_\_\_\_  
(please list full name(s); only first names will be used on the website)

Name(s) of sibling(s) \_\_\_\_\_

## Media Release of Information Form

I certify that my child's adoption is legally finalized, and I give permission to Bethany Christian Services to print information about myself or my child(ren) and/or use photograph(s) of myself or my child(ren). I waive the opportunity and right to inspect or approve any such information and photos that are placed on Bethany's website. I release Bethany Christian Services, its board of directors, employees, agents, and those acting under its authority from all claims and liabilities of any kind arising from the use of this information. I understand that our arrival information will only be put on Bethany's website with the approval of our social worker.

The people/children involved are: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Name of Social Worker \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_

## Mailing Instructions

Web Coordinator  
Bethany Christian Services  
901 Eastern Avenue NE, PO Box 294  
Grand Rapids, MI 49501-0294 Fax 616.574.7888

## Or email your information:

[webcoordinator@bethany.org](mailto:webcoordinator@bethany.org)

Questions? Please email [webcoordinator@bethany.org](mailto:webcoordinator@bethany.org)