

PHOTO PERMISSION FORM

	Date:
I, (full name)	, give permission for a photo of my
child/children, (name)	
the Diocese of The Murray, as part of either the Dioce	, , ,
Diocesan magazine <i>The Murray Anglican</i> (which I under	
for that purpose by the media personnel.	
Signed (parent/guardian)	Contact number
diocese of the murray	PHOTO PERMISSION FORM
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the Diocese of The Murray, as part of either the Dioce	esan website, the Diocesan Facebook page or the
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