

Photo Release Form

Families & Friends of Murder Victims, INC (FFMV)

Permission to Use Photograph(s) **Please Print**

Date _____

Victim's First Name: _____

Victim's Last Name: _____

Date of Birth: _____ Date of Death: _____

I grant to Families & Friends of Murder Victims, Inc. (FFMV), the right to use photographs of the above-identified subject. I authorize FFMV to use and publish the same in print and/or electronically.

I agree that FFMV may use such photographs with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Signature: _____

Printed Full Name: _____

Printed Last Name: _____

Address: _____

City: _____ Zip Code: _____

Phone with area code: _____

E-mail (optional) _____

Relation to Victim _____

Mail or e-mail picture and release form to:

FFMV - P.O.Box 11222 San Bernardino, CA - 92423-1222

mail4ffmv@yahoo.com

909-798-4803