



Birthday Presence, Inc.
birthday.presence@yahoo.com
www.abirthdaypresence.org
(252)207-6883
(252)267-5305
EIN# 83-4581430

In the absence of your lost loved one, Birthday Presence, Inc. is here for you!

Greetings Future Birthday Presence Pal
Welcome to Birthday Presence, Inc.
SPREAD BIRTHDAY LOVE WITH BIRTHDAY PRESENCE, INC.

BIRTHDAY PRESENCE PAL REGISTRATION FORM

DATE _____

CHILD'S NAME _____

DATE OF BIRTH _____ AGE _____ GENDER _____

ADDRESS _____ CITY _____

COUNTY _____ STATE _____ ZIP _____

T-SHIRT SIZE XS S M L XL

ALLERGIC TO LATEX YES NO

PARENT/LEGAL GUARDIAN _____

DECEASED PARENT/LEGAL GUARDIAN _____

DATE OF DEATH _____ COUNTY _____ STATE _____

OPTIONAL: Please attach a photo of the deceased parent. This photo will be used in an upcoming photoshoot with the "Birthday Presence Pal."

Parent/Legal Guardian(s):

I _____ (parent/legal guardian) will allow my child _____ to become a gift recipient of Birthday Presence, Inc. I will further allow my child hereinafter to be called a " Birthday Presence Pal."



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Please be advised that _____ (child's name) may be photographed, recorded, or interviewed for events of Birthday Presence, Inc. With your consent, Birthday Presence, Inc. would like to use the photos or videos for or website and social media platforms such as Facebook, Instagram, etc.

- YES my child's photo/video/interview MAY be reproduced for use in the media.
 NO my child's photo/video/interview MAY NOT be reproduced for use in the media.

* I _____ (parent/legal guardian) gives permission to Birthday Presence, Inc. to get an uncertified copy of _____ (child's name) birth certificate.

* I _____ (parent/legal guardian) gives permission to Birthday Presence, Inc. to get an uncertified copy of _____ (deceased parent/legal guardian) death certificate.

PLEASE NOTE THAT UNCERTIFIED COPIES OF BIRTH AND DEATH CERTIFICATES ARE AVAILABLE TO THE PUBLIC.

***If for any reason Birthday Presence, Inc. is unable to access the documents, we will request that the parent/legal guardian, provide it for us.**

PRINT PARENT/LEGAL GUARDIAN NAME

DATE

SIGNATURE PARENT/LEGAL GUARDIAN NAME

DATE

This registration form must be completed and received by a representative of Birthday Presence, Inc. sixty (60) days prior to the child's birthday. Please make sure the form is filled out completely and accurately. The information provided in this registration form will remain confidential among the participants, parent/legal guardian, and Birthday Presence, Inc. It will not be disclosed to anyone else.

PLEASE MAIL ALL REGISTRATION FORMS: BIRTHDAY PRESENCE, INC.
PO BOX 1334
ELIZABETH CITY, NC 27906

FOR OFFICE USE ONLY

DATE: _____

RECEIVED BY: _____ APPROVED BY: _____

Birthday LOVE • Birthday HOPE • Birthday JOY • Birthday CARE • Birthday COMPASSION
BIRTHDAY PRESENCE, INC.