



LITTLE  
MIRACLES  
SURROGACY



Little Miracles Surrogacy, LLC.  
PO Box 58171  
Pittsburgh, PA 15209

**SOCIAL MEDIA ACCOUNTS/INTENDED PARENT/S**

Full Name: \_\_\_\_\_

I certify that I am the Owner and ONLY authorized person to post content on the following social media accounts. I will refrain from posting any personal identifying information related to Little Miracles Surrogacy, LLC., employees of Little Miracles Surrogacy, LLC., Surrogate, anyone under the care of the Surrogate, or the Surrogate's child(ren).

Enter the account link for each of your social media accounts where you would like permission to post content related to the Little Miracles Surrogacy Journey. If OTHER please specify.

Account Type:	
Account Link:	
Account Type:	
Account Link:	
Account Type:	



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Account Link:	
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- If you do not wish to post before, during, or after in relation to the surrogacy journey, please check the box provided.

Please sign and date below to confirm that you have read and agree to what is stated above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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