



WORLD AIDS DAY WRITTEN PERMISSION FORM

I, _____ give my permission to _____ to submit
Decedent's Family Member *Name of Person Authorized to present Name/Picture to C4U*

the name and/or display a picture of _____ is my _____ to
Name of Decedent *Decedent Relationship to Family Member*

be presented at the Care 4 U Community Health Center's "Say my Name" ceremony on December 1, 2023. I understand that this ceremony honors people who lived with HIV/AIDS.

Decedents' Family Member Signature

Date