



**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, 2021. I understand that this ceremony honors people who lived with HIV/AIDS.

\_\_\_\_\_  
Decedents' Family Member Signature

\_\_\_\_\_  
Date