

CHILDREN'S MEMORIAL WALL AUTHORIZATION

I hereby authorize the following child's name to be inscribed on the Children's Memorial Wall located in the Children's Memorial Gardens at Nancy Anderson Park.



Children's Memorial
Gardens
at
Nancy Anderson Park

Please print clearly First Mi.(if desired) Last

The following signature certifies that the City of Warrensburg has been given the authority to inscribe the above-listed name on the Children's Memorial Wall. The person giving this authorization is either a parent, a guardian, or a direct family member who has the permission of the family to have this name inscribed.

Authorization signature

Relationship

Date