



AIDS MONUMENT NAMES SUBMISSION FORM

The Wall-Las Memorias Project is dedicated to promoting wellness and preventing illness among Latino populations affected by HIV/AIDS by using the inspiration of The AIDS Monument as a catalyst for social change.



Applicant: _____

Address of applicant: _____ City _____ State _____ Zip Code: _____

Telephone (Home): _____ (Other): _____ E-Mail: _____

Name of person (deceased) to be memorialized
(Please print name, as it appear on AIDS Monument wall panel): _____

Deceased's relationship to the applicant: _____ Deceased's date of birth: _____ Deceased's date of birth: _____

Last home address of the deceased: _____ City _____ State _____ Zip Code: _____

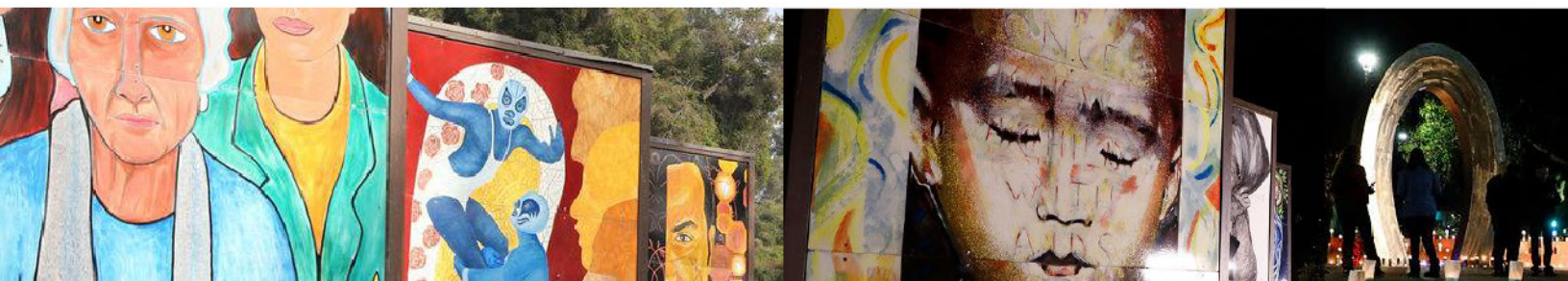
Name s of deceased's next of kin: _____

Next of kin address: _____ City _____ State _____ Zip Code: _____

Submit picture of deceased: ☐ Yes ☐ No Submit video of deceased: ☐ Yes ☐ No Please submit to: info@twlmp.org

I HAVE REVIEWED THE ABOVE INFORMATION AND THE STATEMENTS MADE ARE TRUE AND CORRECT. I ATTEST TO THE FACT THAT THE DECEDENT DIED AS A RESULT FROM COMPLICATIONS OF AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME).

Signature of applicant: _____ Zip Code: _____



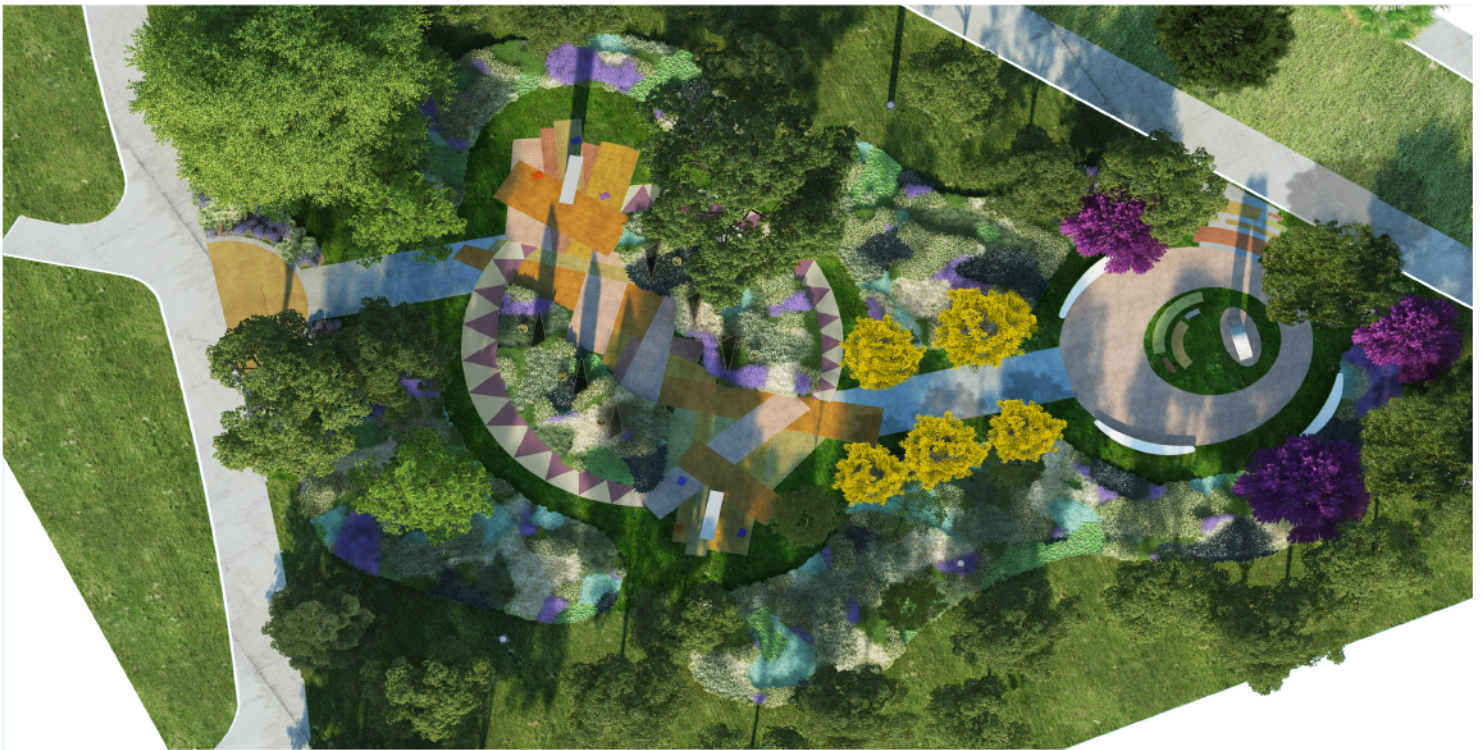
POLICIES AND PROCEDURES

The Wall-Las Memorias Project wishes to respect the wishes of the deceased and his or her loved ones. We request that, in submitting this application, you consider the wishes of the deceased and his or her loved ones, to having the deceased publicly listed on the AIDS Monument.

We also ask that you provide us with the contact information for the deceased's closest living relative, so that we can bring the deceased's family into our community of hope and healing.

As part of this milestone year in the monument's history and renovation, TWLM welcomes all name submissions free of charge.

All information on this form is public and will be used only for the purposes of the AIDS Monument and The Wall-Las Memorias Project.



OFFICE USE ONLY

STAFF MEMBER: _____

RECEIVED FORM: _____

PAID (circle one) 1. YES 2. NO AMOUNT: \$ _____

RECEIVED VIA (circle one): 1. Mail 2. Fax 3. In-person

TYPE (circle one) 1. Cash 2. Credit Card 3. Check 4. Volunteer Hours: _____ 5. Other: _____