

# Advocacy Statement – Missing Person

## CUE Center For Missing Persons

P.O. Box 12714  
Wilmington, N.C. 28411  
(910) 343-1131  
www.ncmissingpersons.org

**Contact:**  
Monica Caison  
(910) 232-1687  
cuecenter@aol.com



**From:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Website (if any)  
\_\_\_\_\_

To Whom It May Concern;

Date \_\_\_\_\_

I (name of parent/family member) \_\_\_\_\_,  
the

\_\_\_\_\_ (your relationship) – grant permission to the CUE  
Center for

Missing Persons to advocate on the behalf of

(Missing persons name) \_\_\_\_\_ ;

To investigate, search and promote said missing persons case before the  
media – publications and any/all means set forth to aid in locating the  
whereabouts of aforementioned missing person.

I further grant permission for case information to be share for the sole purpose in working on the behalf of said family in the location of said missing person.

**Notary Information** (please have a certified notary to fill out and sign)