



WHOVILLE ADOPTION CERTIFICATE



ON THE _____ DAY OF THE MONTH OF _____ ,
(DAY) (MONTH)

I THE MAYOR OF WHOVILLE GRANTS _____ PERMISSION
(YOUR NAME)

TO ADOPT _____ , A WHO FROM WHOVILLE.
(YOUR WHO'S NAME)

THE ADOPT A WHO PROMISE

I PROMISE TO CARE FOR MY WHO

I PROMISE TO DRESS MY WHO IN COOL CLOTHES

I PROMISE TO ALWAYS KEEP MY WHO SAFE



MAKING THE WORLD A BETTER PLACE...ONE WHO AT A TIME

