

## **AUTHORIZATION OF RELEASE OF BODY TO FUNERAL HOME**

This form must be completed in its entirety and submitted to the Medical Examiner, prior to the release of any deceased person in the custody and control of the Denver Office of the Medical Examiner. By submitting this form, the funeral director stipulates that they are working with decedent's legal next of kin or authorized representative regarding final arrangements.

olishment of:	
8850 Ralston Rd., Ste 203 Arvada, CO 80002	(303) 424-3092
Address, City, State, Zip	Phone Number
for the deceased individual listed above. You are <b>aueceased's remains</b> to said establishment. By signined, with all rights and privileges thereto.	
nver Office of the Medical Examiner to <b>RELEASE</b> the you have chosen.	e deceased's <b>personal</b>
Date	e:
Phone Number:	
Date	e:
Phone Number:	
FFICIAL MEDICAL EXAMINER USE ONLY	
Delega Assharing dia CNAT Coeff	J Time
·	Date / Time
& released to Agent's Signature	Agent's Printed Name
3 3	
	Address, City, State, Zip  for the deceased individual listed above. You are at eceased's remains to said establishment. By signing ad, with all rights and privileges thereto.  Inver Office of the Medical Examiner to RELEASE the you have chosen.  Phone Number:  Phone Number:  Phone Number:  Agent's Signature

## AUTHORIZATION OF RELEASE OF BODY TO FUNERAL HOME Additional Signature Page

Where a majority of persons is required to authorize release, each person must sign the release form.

nt Name:	
NOK Signature:	Date:
Printed Name:	
Relationship to Deceased:	Phone Number:
Mailing Address:	
Email Address:	
NOK Signature:	Date:
Printed Name:	
Relationship to Deceased:	Phone Number:
Mailing Address:	
Email Address:	
NOK Signature:	Date:
Printed Name:	
Relationship to Deceased:	Phone Number:
Mailing Address:	
NOK Signature:	Date:
Printed Name:	
Relationship to Deceased:	Phone Number:
Mailing Address:	
Email Address:	