



OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

Authorization to Mail Property

I, _____, attest that I am the legal next-of-kin of
_____, with all rights and privileges pertaining thereto.

By signing below I authorize the Office of the Coroner, for Adams and Broomfield
Counties, to mail the property of the above referenced deceased to:

Name: _____

Address: _____

Phone: _____

By signing below I understand that the Office of the Coroner is not responsible for lost
or damaged property and I waive all claims which I may have against the Office of the
Coroner for lost or damaged property or other occurrence arising from mailing the
property.

Signature

Date

Print Name