Authorization of Release of Remains

Deceased: __________________________

Case Number: __________________________

By signing below, I/we designate the establishment of:

_________________________________________________ to take charge of final arrangements for the deceased individual listed above. I/We authorize the Office of the Coroner for Adams and Broomfield County to release the deceased’s remains to said establishment for the purpose of embalming, cremation, and/or shipment. By signing below, I/we attest that I/we am/are the legal next-of-kin(s) to the deceased, with all rights and privileges thereto.

Signature: __________________________________________ Date: ________________
Printed Name: _______________________________________
Relationship to Deceased: ________________________________

Signature: __________________________________________ Date: ________________
Printed Name: _______________________________________
Relationship to Deceased: ________________________________

Signature: __________________________________________ Date: ________________
Printed Name: _______________________________________
Relationship to Deceased: ________________________________