



OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

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: _____