



OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

AUTHORIZATION TO RELEASE FUNDS

I, _____, attest that I am

the legal next-of-kin for _____

Decedent Name

with all rights and privileges pertaining thereto. By signing below, I authorize the Office of the

Coroner for Adams and Broomfield Counties to release the funds collected for the above

named decedent directly to _____.

Signature

Date

Print Name

Relationship to Deceased