



OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

Authorization To Release Information

I, _____, attest that I am the legal next-of-kin of _____, with all the rights and privileges pertaining thereto. By signing below, I authorize the Office of the Coroner, Adams and Broomfield Counties, to release information (such as case details, autopsy results, medical history, etc.) regarding the above referenced deceased:

To: Name: _____
Address: _____
Phone: _____
Organization: _____

By signing below, I understand that in some cases, certain information may not be available for release due to law enforcement investigative purposes.

Signature(s)

Print name(s)