



# OFFICE OF THE CORONER

Adams & Broomfield Counties

*Monica Broncucia-Jordan*

CHIEF CORONER

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## Authorization to Release 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: \_\_\_\_\_