

BOULDER COUNTY CORONER'S OFFICE

CONSENT FOR BODY RELEASE

The Boulder County Coroner's Office is hereby given permission to release the body of:

Decedent Name: _____

Including any property held by the Boulder County Coroner's Office to:

Funeral Home Name: Marshall's Mortuary & Cremation

The undersigned represents that:

1. Pursuant to Colorado Revised Statute 15-19-106, I am defined as a legally authorized person who has the right to direct a funeral home to dispose of the decedent's remains in a manner prescribed by law.
2. To the best of my knowledge, I am not aware the decedent, in any legal document, declared his or her wishes to will their remains to any person, entity or funeral home.
3. I have provided the Boulder County Coroner's Office with all known information, which could identify or locate a higher class living relative and understand if the priority of consent classification of which I am a member, contains more than one person, or a higher class relative who objects or may object to the release of the decedent by the Boulder County Coroner's Office, that I must make such objection known to the Boulder County Coroner's Office prior to the release of the decedents remains.
4. If the decedent is unclaimed pursuant to Colorado Revised Statute 15-19-302 and I am not the spouse of the decedent, I swear and affirm that I am not aware of any other person, who has an equal or greater legal interest or claim to the decedent's remains than I.
5. To the best of my knowledge, the decedent was not an active duty or reservist service member with any branch of the United States Armed Forces. If so, I must advise the Boulder County Coroner's Office of such affiliation.
6. I hereby release the Boulder County Coroner's Office, the County, their agents, employees, or representatives from any and all liability which may result or arise out of the release of the said decedent and as such hereby accept sole liability and financial responsibility for any action filed against the Boulder County Coroner's Office for the release of the decedent to the person, entity or funeral home I have selected.

Relationship to the Decedent

Telephone Number

Print Name (Legally Authorized Person)

Signature (Legally Authorized Person)

Witness Name

Date

Legally Authorized Person: (Priority of Consent)

1. Self Declaration
2. Personal Representative or Administrator
3. Spouse
4. Adult Son or Daughter
5. Parent or Legal Guardian

6. Adult Brother or Sister
7. Other Blood Relative
8. Financially Responsible Person
9. County Representative

**** Important Legal Information **** Any person who knowingly fails or refuses to report information pertinent to a death investigation may be in violation of Colorado Revised Statutes.