

### AUTHORIZATION OF RELEASE OF BODY TO FUNERAL HOME

**Decedent Name:** \_\_\_\_\_

Marshall's Mortuary & cremation Services 3900 Magnolia st Unit A Denver, CO 80207 (303)-304-8546

**Phone Number**

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address:

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address:

**OFFICIAL MEDICAL EXAMINER USE ONLY**

OME Case# \_\_\_\_\_

Release Authorized by OME Staff \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ Time \_\_\_\_\_

Mortuary Staff \_\_\_\_\_/\_\_\_\_\_ verified & released to \_\_\_\_\_  
OME Staff Initials Agent's Signature Agent's Printed Name

Released \_\_\_\_\_ / \_\_\_\_\_ Personal Effects: No ☐ Yes ☐ Voucher # \_\_\_\_\_  
Date / Time

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**Additional Signature Page**

**Where a majority of persons is required to authorize release, each person must sign the release form.**

**Decedent Name:** \_\_\_\_\_

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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