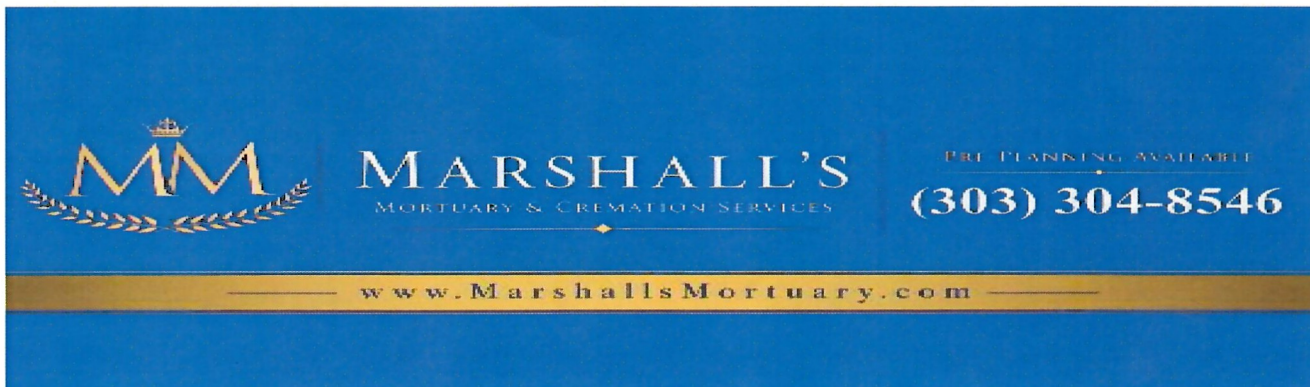




DECEASED RELEASE AUTHORIZATION

This form must be completed in its entirety and Submitted to the Medical Examiner, prior to the release of any deceased person in the custody and control of the Medical Examiner. By Submitting this form, Marshall's Mortuary & Cremation Service stipulates that they are working with decedent's **LEGAL next of kin or Authorized representative** regarding final arrangements.

Decedent Name: _____

By Signing below, you designate the establishment of:

Marshall's Mortuary & Cremation Services (0000754)

3900 N. Magnolia St Denver, CO 80207 (303) 304-8546

Morticianmarshall@gmail.com

To take charge of the final arrangements for the deceased individual listed above. You are Authorizing the Medical Examiner to release the deceased's remains to said establishment. By signing below, you attest that you are **LEGAL NEXT OF KIN(s) to the deceased**, with all rights and privileges thereto. Please Release all personal property to care of the funeral home we have chosen.

NOK Signature: _____ Date: _____

Printed Name: _____

Relationship to Deceased _____ Phone Number _____

Mailing Address _____

NOK Signature: _____ Date: _____

Printed Name: _____

Relationship to Deceased _____ Phone Number _____

Mailing Address _____

Funeral homes and crematory establishments are regulated by The Department of Regulatory Agencies: 1560 Broadway #1545, Denver, CO 80202 or (303) 894-7855