



John Hickenlooper
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH

OFFICE OF THE MEDICAL EXAMINER

660 Bannock Street
DENVER, CO 80204-2555

TELEPHONE: (303) 436-7711
FAX: (303) 436-7709

Coroner Release Authorization

Date: _____

To: **The Denver Office of the Medical Examiner**

I, _____ am the legal next of kin and hereby authorize
(Name of Legal Next of Kin)

The Denver Office of the Medical Examiner to release the body of said deceased,

(Name of Decedent)

to _____.
(Funeral Home/Mortuary)

I also authorize the release of all personal effects of said deceased to the above listed funeral home. _____
(Initial Here)

Signature of Legal Next of Kin

Print Name

Relationship to Decedent