



**DENVER**  
THE MILE HIGH CITY

**City and County of Denver**  
Department of Environmental Health  
**OFFICE OF THE MEDICAL EXAMINER**  
660 Bannock Street  
Denver, CO 80204-4506  
Telephone: (303) 436-7711  
Fax: (303) 436-7709  
[www.denvergov.org](http://www.denvergov.org)

**Coroner Release Authorization**

Date: \_\_\_\_\_

To: **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 \_\_\_\_\_  
*(Mortuary / Funeral Home)*

I also authorize the release of all personal effects of said deceased to the above listed funeral home. \_\_\_\_\_  
*(Initial here)*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Relationship to Decedent*