



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

## Release of Personal Effects 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 effects of said deceased,**

\_\_\_\_\_  
*(Name of Decedent)*

to \_\_\_\_\_.  
*(Name of Person Retrieving Effects & Relationship to Decedent)*

**Instructions:**

(1) This form must be **signed by hand**  
No electronic signatures accepted

(2) This form can be returned in  
person or by fax - 303-436-7709

(3) Please **schedule an appointment**  
to retrieve personal effects by calling  
303-436-7711

(4) Photo ID is required to be shown  
by the individual authorized by legal  
next of kin when retrieving personal  
effects – **bring a Photo ID**

\_\_\_\_\_  
*Signature of  
Legal Next of Kin*

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

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