



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

Transfer of Authorization

Date: _____

To Whom It May Concern:

This is to certify that I, _____, legal next of kin of the late
(Name of Legal Next of Kin)

_____ who died on _____, do hereby grant my
(Decedent) *(Date of Death)*

permission to _____ to make all necessary
(Authorized Person)

arrangements for the funeral and disposition of the decedent and to execute all necessary documents in that regard, and to assume personal financial responsibility for same, and to otherwise act with full authority on my behalf to accomplish the foregoing acts, as if I were to personally perform same.

(Legal Next of Kin)

Witness: _____ Date: _____