



## AUTHORIZATION OF RELEASE OF BODY TO FUNERAL HOME

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 Denver Office of the Medical Examiner. By submitting this form, the funeral director 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:

Name of Mortuary	Address, City, State, Zip	Phone Number
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to take charge of the final arrangements for the deceased individual listed above. You are **authorizing** the Denver Office of the Medical Examiner **to release the deceased's remains** to said establishment. By signing below, you attest that you are the legal next-of-kin(s) to the deceased, with all rights and privileges thereto.

By initialing here, \_\_\_\_\_, I authorize the **RELEASE** of the deceased's **personal property** to the care of the funeral home.

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

NOK Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OFFICIAL MEDICAL EXAMINER USE ONLY**

OME Case# \_\_\_\_\_ Release Authorized by OME Staff \_\_\_\_\_ Date / \_\_\_\_\_ Time

Mortuary Staff \_\_\_\_\_ / \_\_\_\_\_ verified & released to \_\_\_\_\_  
OME Staff Initials Agent's Signature Agent's Printed Name

Released \_\_\_\_\_ / \_\_\_\_\_ Personal Effects: No  Yes  Voucher # \_\_\_\_\_  
Date / Time