



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:

Encore Care Center	2300 S. Kalamath St., Denver, Colorado 80223	303-935-5989
Name of Mortuary	Address, City, State, Zip	Phone Number

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.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Deceased: _____ Phone Number: _____

Mailing Address: _____

Email Address: _____

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 _____/_____
OME Staff Initials Agent's Signature Agent's Printed Name

Released _____/_____
Date / Time Personal Effects: No Yes Voucher # _____