

Encore Care Center
2300 South Kalamath Street
Denver, Colorado 80223
303-935-5989 office
720-230-5490 fax
Email: encorecarecenter@gmail.com

Authorization For Release of Human Remains

Regarding the remains of: _____
Date of birth _____

I certify that pursuant to the **State of Colorado law** statute 15-19-106, It is my legal right to control the arrangement, internment, and disposition of the remains referenced above. I also certify that I am acting in the capacity of:

_____ **Funeral Director** acting through a “pre-arrangement” for funeral services executed by the decedent.

_____ A **personal representative** of the decedent acting through a will or as a special administrator.

_____ The **surviving spouse**, and not legally separated for the decedent.

_____ A majority of **surviving adult children** (I Certify that there is majority agreement of the surviving children).

_____ A surviving **parent('s)** or **legal guardian('s)** of the decedent.

_____ A majority of **surviving siblings** of the decedent. (I Certify that there is majority agreement of the surviving siblings).

_____ **Friend / other person** who is willing to assume legal responsibility.

Please release the remains referenced above to: **Encore Care Center**

Printed Name: _____ Date _____

Mailing Address: _____

Signature: _____

Relationship: _____