

CORONER RELEASE

I, _____ hereby request and authorize _____
County

Coroner's office to release the body of _____. To the following facility:

Encore Funeral & Cremation Services.
2390 S. Kalamath Unit A
Phone: 303.935.5989
Fax:303.922.9381
E-Mail: encorefuneralservice@gmail.com

I fully realize that it is my privilege to call any mortuary of my choice. I hereby state that I am the legal next of kin to the deceased.

Relationship to the Deceased: _____

Signature of Authorizing Party: _____

Printed Name of Authorizing Party: _____

Date: _____

Witnessed by: _____
