

RELEASE OF REMAINS FROM CORONER

It is my desire to have the remains of: _____

Released from: _____

To All Mortuary and Crematory Services for the purpose of (please check one):

CREMATION _____ BURIAL _____ REMOVAL FROM STATE _____

I further attest that I have the legal right to authorize this.

*Please note: Removal personnel are not authorized to accept personal effects of the deceased, including but not limited to: jewelry, keys, cash, or personal effects. Removal personnel will accept prosthetic and/or implanted devices of the deceased.

SIGNATURE	DATE
PRINTED NAME	
RELATIONSHIP TO DECEASED	

SIGNATURE	DATE
PRINTED NAME	
RELATIONSHIP TO DECEASED	

Electronic signature not accepted.

Please print form, sign and return:

Fax: 303-722-0874

or scan document

and Email: info@allmortuary.com

