



TRANSFER OF AUTHORITY

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.

Name(s)

affirm that I am the legal next-of-kin to the decedent, _____

with all rights and privileges pertaining thereto. By signing below, I hereby willingly

relinquish my rights, privileges, and responsibilities. I authorize the Denver Medical Examiner or their agents to make any and all necessary final arrangements.

appoint and grant permission to appointee to make all final arrangements for the disposition of the decedent and to execute all necessary documents in that regard, and to otherwise act with full authority on my behalf.

Appointee _____

Address _____

Phone Number _____ Email Address _____

I understand that by relinquishing all or a portion of my rights and privileges to the deceased and by appointing someone to act in my place, that I may be limited in or prohibited from receiving further information regarding the deceased.

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: _____

TRANSFER OF AUTHORIZATION
Additional Signature Page

Where a majority of persons is required to authorize transfer of authority, each person must sign the release form.

Decedent Name: _____

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: _____

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: _____