



OFFICE OF THE MEDICAL EXAMINER/CORONER

James A. Wilkerson IV, M.D., Medical Examiner

Mark J. Ward, Coroner

90510<sup>th</sup> Avenue

Greeley, CO 80631

Website: [www.co.weld.co.us](http://www.co.weld.co.us)

Phone: 970-392-4545

Fax: 970-392-4546

Authorization for release of human remains, and assignment of funeral home

**RE: REMAINS OF:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_.

I certify that pursuant to the State of Colorado law statute 15-19-106, it is my legal right to control the disposition of the remains referenced above, the location and conditions of interment, and arrangements for funeral goods and services to be provided. I further certify that I am acting in the capacity of:

\_\_\_\_\_ Funeral director acting through a "pre-arrangement" for funeral services executed by the decedent. Document is available upon request.

\_\_\_\_\_ A personal representative of the decedent acting through a will or as a special administrator. Document is available on request.

\_\_\_\_\_ The surviving spouse, and not legally separated from the decedent.

\_\_\_\_\_ A majority of surviving adult children. (I certify that there is majority agreement of the surviving children).

\_\_\_\_\_ A majority of surviving parents or legal guardians of the decedent (I have agreement of the other parent or legal guardian)

\_\_\_\_\_ A majority of surviving siblings of the decedent (I certify that there is majority agreement of the surviving siblings).

\_\_\_\_\_ Other person / friend of the decedent who is willing to assume legal and financial responsibility for the final disposition of the decedent's last remains.

Therefore, upon completion of your examination of the deceased please release the remains referenced above to the custody of

\_\_\_\_\_  
(Print name of funeral home, mortuary, or cremation society):

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_