

**A Better Place Funeral  
& Cremation  
Family Owned & Operated**

7261 Washington St. Denver, CO 80221  
Office: 303-657-5989 Fax: 720-510-2911

Email: [abetterplacefuneral@gmail.com](mailto:abetterplacefuneral@gmail.com) Website: <http://www.abplace-funeral-cremation.com>

**Release of Remains**

**TO:**

**Coroner's Office**

\_\_\_\_\_ Coroner's Office  
(Name of County Coroner's Office)

**Medical Center/Hospital**

\_\_\_\_\_ Medical Center/Hospital in \_\_\_\_\_  
(Name of Medical Center/Hospital) (City, State)

**Funeral Home Holding Remains**

\_\_\_\_\_ In \_\_\_\_\_  
(Name of funeral home holding remains) City, State

**Release:**

I, \_\_\_\_\_, am the legal next of kin and hereby authorize  
(Name of legal Next of Kin)

\_\_\_\_\_ To release the body of said deceased,  
(Name of Agency Listed Above)

\_\_\_\_\_  
(Name of Deceased)

To A Better Place Funeral & Cremation dated \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

() I also authorize the release of all personal effects of said deceased to the funeral home listed above. \_\_\_\_\_

(initials)

**SIGNATURES:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Funeral Director/Witness

\_\_\_\_\_  
Printed Name  
\_\_\_\_\_ Relationship

\_\_\_\_\_  
Printed Name