

**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)

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

\_\_\_\_\_  
(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

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

\_\_\_\_\_  
Relationship