



OFFICE OF THE LAS ANIMAS COUNTY CORONER

Authorization of Release of Remains

Deceased: _____

Case Number: _____

By signing below, I/we designate the establishment of :

_____ to take charge of final arrangements for the deceased

individual listed above. I/We authorize the Office of the Las Animas County Coroner to release the deceased's remains to said establishment for the purpose of embalming, cremation, and/or shipment. By signing below, I/we attest that I/we am/are the legal next-of-kin(s) to the deceased, with all rights and privileges thereto.

Signature: _____ Date: _____

Printed Name: _____

Relationship to Deceased: _____

Signature: _____ Date: _____

Printed Name: _____

Relationship to Deceased: _____

Witness

Signature: _____ Date: _____

Printed Name: _____

DOMINIC A. VERQUER

OFFICE: 719-845-9716 | CELL: 719-845-7711 | FAX: 719-345-5949 | EMAIL: lasanimascountycoroner@yahoo.com
LAS ANIMAS COUNTY COLORADO P.O. BOX 134 2309 E. MAIN STREET, SUITE C TRINIDAD, COLORADO 81082