

Official Colorado Coroners Release

I, _____ Attest that I am the
(print full your legal name)

legal next of kin of:

(Please print full legal name of decedent)

And authorize the release of his or her remains and personal effects to

Return to Nature Funeral Home

X _____

This _____ day of _____ 20_____

Please send to Return to Nature Funeral Home

Fax: 719-960-2573

Email: rtncolorado@gmail.com