

Archdiocese of Denver Mortuary Chain of Custody

Decedent Name:				Funera	! Home:	
Date of Birth:		Date of D	Death:		ID Tag:	
		Releasing /	Receiving			
Name:		Title:	Signature			
☐ I attest that I am authorized to release/receive these remains.			Date: Time:		Time:	
☐ ID confirmed by ID Band	Location:		Service Provide	ed:		
		Releasing/	Receiving			
Name:	Title:		Signature:			
☐ I attest that I am authorized to release/receive these remains.			Date:	Time:		
☐ ID confirmed by ID Band	Location:		Service Provided:			
		Releasing /	Receiving			
Name:	Title:		Signature:			
☐ I attest that I am authorized to release/receive these remains.			Date:		Time:	
☐ ID confirmed by ID Band	Location:		Service Provided:			
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Name:	Title:		Signature:			
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☐ ID confirmed by ID Band	Location:		Service Provided:			
		Releasing /	Receiving			
Name: Title:		Title:	-	Signature:		
☐ I attest that I am authorized to release/rec remains.		eceive these	Date:		Time:	
☐ ID confirmed by ID Band	Location:		Service Provided:			

		Releasing /	Receiving						
Name:		Title:		Signature:					
☐ I attest that I am authoriz	eceive these Date:			Time:					
☐ ID confirmed by ID Band Location:			Service Provided:						
Releasing / Receiving									
Name:		Title:		Signature:					
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☐ ID confirmed by ID Band	Location:		Service Provided:						

Locations Key: MTO- Mount Olivet CD- Central Denver STS-St. Simeon