



Office of the Medical Examiner

DISTRICT #18 — BREVARD COUNTY

1750 Cedar Street, Rockledge, FL 32955 - Phone (321) 633-1981 • Fax (321) 633-1986



MORTUARY RELEASE FORM

DECEASED: _____

DATE OF DEATH: _____

I hereby authorize the remains of the above named person to be released to:

(Name of Funeral Home)

*The person granting this permission certifies that he/she is the legal next-of-kin, and/or has been designated by legal authority to assume full responsibility for the disposition of the remains of the deceased.

Name of next-of-kin: _____
(Please Print)

Relationship to the deceased: _____

Address: _____

City/State: _____

Phone Number: _____

*Signature of next of kin: _____

Date: _____ Witness: _____

TO BE COMPLETED BY MORTICIAN

Remains received: Time _____ AM/PM Date: _____

Signed: _____

Representative of: _____
Name of Funeral Home