



Medical Examiner, 5th Judicial District

Citrus, Hernando, Lake, Marion and Sumter Counties
809 Pine Street
Leesburg, FL 34748
Ph# (352) 326-5961 Fax# (352) 365-6438

RELEASE AUTHORIZATION

The undersigned hereby authorizes

District Five Medical Examiner's Office
Name of Institution or Person

To release the body of _____
Name of Deceased

To _____ and/ or its agents.
Name of Funeral Home

Address: _____

Phone: _____

Fax: _____

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Name Relationship

Name Relationship

Name Relationship

Witness _____

Date _____