



OFFICE OF THE MEDICAL EXAMINER

2350 East Michigan Street
Orlando, Florida 32806-4939
Phone (407) 836-9400
Fax (321) 321-8176

RELEASE AUTHORIZATION

DECEDENT

Decedent _____ **ME#** _____

Decedent Home Address _____

City _____ **State/Zip** _____ **DOB** _____

Race _____

NEXT OF KIN

Name _____

Address _____

City _____ **State/Zip** _____

Phone _____ **Relationship** _____

Next of Kin Signature _____

*The above signed certifies and affirms that they are the closest next of kin to the deceased. As next of kin, they legally authorize the District Nine/Twenty-Five Medical Examiner's Office in Orlando, Florida to release the body of the decedent, whose name is indicated above, to the funeral home or transport service listed below**

FUNERAL HOME

Name _____

Address _____

City _____ **State/Zip** _____

Phone _____ **Fax** _____

Transport Service _____

Witness Name _____

Witness Signature _____ **Date** _____

**The District Nine Medical Examiner's Office assumes no financial responsibility for any cost, charges, or fees associated with the disposition or transportation of the remains*