



## Medical Examiner, 5<sup>th</sup> Judicial District

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

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### **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 \_\_\_\_\_