

# *Good Life Funeral Home & Cremation*

*8408 East Colonial Drive, Orlando FL, 32817*

*Phone: 407-373-0033*

*Fax: 407-270-9198*

*Email: Goodlifefuneralhome@gmail.com*

## **Polk County Medical Examiner Release Form**

Date: \_\_\_\_\_

I \_\_\_\_\_, The Family Representative of

\_\_\_\_\_, Hereby authorize  
Good Life Funeral Home & Cremation to transfer the remains to their  
facilities.

Family Representative Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_