



County of Volusia  
 Department of Public Protection  
 Office of the Medical Examiner  
 1360 Indian Lake Road  
 Daytona Beach, FL 32124  
 (386) 258-4060 • Fax (386) 258-4061  
 www.volusia.org

**REQUEST FOR RELEASE OF BODY TO FUNERAL HOME  
 and  
 REMOVAL AUTHORIZATION REQUEST**

1. Complete this form in its entirety, making certain that the NAME OF DECEASED is spelled exactly as the family wishes it to appear on the Death Certificate.
2. The Volusia County Medical Examiner's Office will telephone you when the body is ready to be released. The person(s) picking up the body on your behalf will need to show identification at the front office before the body will be released from the morgue.
3. By submitting this form, the funeral director stipulates that he/she has been working with the decedent's legal next of kin or authorized representative regarding final arrangements.
4. FAX this completed form, AS SOON AS POSSIBLE, to **(386) 258-4061**.

NAME OF DECEASED \_\_\_\_\_  
 (PRINT EXACTLY AS IT SHOULD APPEAR ON DEATH CERTIFICATE)

DATE OF DEATH \_\_\_\_\_ AGE \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_

NAME OF NOK AUTHORIZING REMOVAL \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ SIGNATURE \_\_\_\_\_

NAME OF FUNERAL HOME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ CITY/STATE \_\_\_\_\_

NAME OF TRANSPORT AGENCY \_\_\_\_\_ PHONE # \_\_\_\_\_

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 TO BE COMPLETED AT TIME OF REMOVAL

NAME OF PERSONS(S) PICKING UP BODY \_\_\_\_\_

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

M.E. STAFF SIGNATURE \_\_\_\_\_

M.E. CASE # \_\_\_\_\_ DATE / TIME \_\_\_\_\_

PERSONAL EFFECTS: YES  NO  DEATH CERTIFICATE: YES  NO