HILLSBOROUG	H COUNTY MEDICAL E	XAMINER DEPARTMENT
	11025 46th Street North Tamp	a, FL 33617
PH	ONE = 813-914-4567 FAX	= 813-914-4101
	PERMIT FOR RELEASE	OF BODY
NEXT-OF-KIN OF THE DEC FINANCIAL RESPONSIBILITY	EASED NAMED-BELOW, OR OTHER LEGA FOR THE DISPOSITION OF THE BODY OR	ON 497.005(39) <u>FLORIDA STATUTES</u> , I AM THE ALLY AUTHORIZED PERSON, AND I ASSUME REMAINS OF THE DECEASED NAMED-BELOW REMAINS AND PERSONAL EFFECTS OF THE W:
PRINTED NAME OF DEC	EASED:	
AGE: SEX:	SOC. SEC. #	
TO THE FOLLOWING FU	NERAL HOME/DIRECT DISPOS	SER:
ADDRESS OF FUNERAL	HOME/DIRECT DISPOSER:	
PHONE # OF FUNERAL H	IOME/DIRECT DISPOSER:	
Signature of Legally Authorized Person Assuming Financial Responsibility		Date
Printed Name of Legally Authorized Person		Relationship to Deceased
ADDRESS/PHONE #:		
Witness Signature	Print Witness' Name	Date Witnessed
named funeral director or direct in the event the above-named le disposition of the decedent, suc disposition of such decedent pu County has no obligation under Hillsborough County will neith disposition of the same. To ad will be required for release: for	egally authorized person fails to assum ch funeral director or direct disposer as ursuant to Section 497.005(39), <u>F.S.</u> and r Part II of Chapter 406, <u>F.S.</u> to dispose her accept return of the decedent, nor a	redent is not unclaimed and agrees that the financial responsibility for the ssumes financial responsibility for and acknowledges that Hillsborough the of the decedent as unclaimed, and that ssume financial responsibility for over 300 pounds, two transport personnel insport personnel will be required.
Signature of Funeral Director of	or Direct Disposer	Date