



## 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 Case #** \_\_\_\_\_  
Last First  
**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*