

**MEDICAL EXAMINERS OFFICE**  
FOURTH MEDICAL EXAMINERS DISTRICT OF FLORIDA



## RELEASE AUTHORIZATION

Decedent:  ME#:

## NEXT OF KIN INFORMATION

Name:   
Address:   
City:  State:  Zip Code:   
Phone:  Relationship:

*The undersigned certifies that they are the closest next of kin to the deceased. As the next of kin, they hereby authorize the Medical Examiner's Office in Jacksonville, Florida to release the body of the person indicated above to the funeral home or transport service provided by the family selected funeral home.*

**FUNERAL HOME:**

Address:   
Phone:  Fax:

**TRANSPORT SERVICE:**   
Address:   
Phone:  Fax:

**NEXT OF KIN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

The Medical Examiner assumes no financial responsibility for any costs or charges associated with the disposition or transportation of the remains