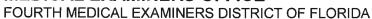
## MEDICAL EXAMINERS OFFICE

transportation of the remains





RELEASE AUTHORIZATION	
Decedent:	ME#:
NEXT OF KIN INFORMA	TION
Name:	
Address:	
City:	State Florida Zip Code
Phone Relations	ship:
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: FUNERALS BY T. S. WARDEN	
Address: 810 W. 44 <sup>TH</sup> STREET, JACKSONVILLE, FL 32208/	
Phone: 904-765-1234	Fax: 904-765-1549
TRANSPORT SERVICE: Funerals By T. S. Warden	
Address: 810 W. 44 <sup>TH</sup> STREET, JACKSONVILLE, FL 32208/	
Phone: 904-765-1234	Fax: 904-765-1549
NEXT OF KIN SIGNATURE:	
WITNESS:	
The Medical Examiner assumes no financial responsibility	for any costs or charges associated with the disposition or