



DISTRICT IV MEDICAL EXAMINER'S OFFICE

Serving Duval, Clay, Nassau, Hamilton, & Columbia

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.