HILLSBOROUGH COUNTY MEDICAL EXAMINER DEPARTMENT
11025 46th Street North
PHONE = 813-914-4567 FAX = 813-914-4596

PERMIT FOR RELEASE OF BODY

I CERTIFY TO THE MEDICAL EXAMINER THAT, PURSUANT TO SECTION 497.005(37), FLORIDA STATUTES, I AM THE NEXT-OF-KIN OF THE DECEASED NAMED-BELOW, OR OTHER LEGALLY AUTHORIZED PERSON, AND I ASSUME FINANCIAL RESPONSIBILITY FOR THE DISPOSITION OF THE BODY OR REMAINS OF THE DECEASED NAMED-BELOW AND DIRECT THE MEDICAL EXAMINER TO RELEASE THE BODY OR REMAINS AND PERSONAL EFFECTS OF THE DECEASED NAMED-BELOW:

PRINTED NAME OF DECEASED: _____
(AGE: _____ **SEX:** _____ **SOC. SEC. #** _____**)**

TO THE FOLLOWING FUNERAL HOME/DIRECT DISPOSER:

_____

ADDRESS OF FUNERAL HOME /DIRECT DISPOSER:

_____

PHONE # OF FUNERAL HOME/DIRECT DISPOSER: _____

_____ _____
Signature of Legally Authorized Person Assuming Financial Responsibility **Date**

_____ _____
Printed Name of Legally Authorized Person **Relationship to Deceased**

ADDRESS: _____

_____ _____ _____
Witness Signature **Print Witness' Name** **Date Witnessed**

By claiming the Deceased's body or remains from the Medical Examiner's facility, the above-named funeral director or direct disposer hereby certifies that the Deceased's body or remains are not unclaimed and agrees that in the event the above-named legally authorized person fails to assume financial responsibility for the disposition of the Deceased's body or remains, such funeral director or direct disposer assumes financial responsibility for disposition of such body or remains pursuant to Section 497.005(37), F.S. and acknowledges that Hillsborough County has no obligation under Part II of Chapter 406, F.S. to dispose of the Deceased's body or remains as unclaimed, and that Hillsborough County will neither accept return of the Deceased's body or remains, nor assume financial responsibility for disposition of the same

_____ _____
Signature of Funeral Director or Direct Disposer **Date**

11/7/2005