



2701 Cleveland Ave. • Fort Myers, FL 33901
Phone: 239-337-7311 Fax: 239-337-7332

AUTHORIZATION TO RELEASE BODY

_____, _____ of
(Next of Kin or Authorized Representative) (Relationship)

_____, hereby authorizes the DISTRICT 21 MEDICAL
(Name of Decedent)

EXAMINER'S OFFICE to release the body to

(Funeral Home/Cremation Service)

(Signature of Authorized Representative)

DATE: _____