

**RELEASE AUTHORIZATION**

The undersigned hereby authorizes

District Five Medical Examiner's Office

Name of Institution or Person

To release the body of \_\_\_\_\_

Deceased

To \_\_\_\_\_ and / or it's agents.

Name of Funeral Home

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

Witness \_\_\_\_\_

Date \_\_\_\_\_

Please fax back to: (352) 365-6438