

**OFFICE OF THE DISTRICT MEDICAL EXAMINER
DISTRICT 21, STATE OF FLORIDA
LEE-HENDRY-GLADES COUNTIES
70 DANLEY DRIVE
FORT MYERS, FLORIDA 33907-2437**

Ph: 239-277-5020 Fax: 239-277-5017

OUT OF AREA FUNERAL HOME

Decedent: _____ **M.E. Case #** _____

Please return the completed and signed form back to our office via fax: 239-277-5017

Out of Area Funeral Home

Address

City, State, Zip

Phone:

Fax:

Representative Signature

Date

Local Area Funeral Home

Phone:

Fax:

By signing below, I authorize the two entities listed above to coordinate with the District 21 Medical Examiner's office.

Print Name

Relationship to Deceased

Signature

Date

**** NOTE: BODY WILL NOT BE RELEASED UNTIL WE RECEIVE THE COMPLETED AND SIGNED FORM ****