

DISTRICT TWELVE MEDICAL EXAMINER  
MANATEE COUNTY FACILITY

CONSENT FOR RELEASE OF BODY OF DECEASED

THE MEDICAL EXAMINER OF DISTRICT TWELVE IS HEREBY GIVEN PERMISSION TO DELIVER THE BODY

OF: \_\_\_\_\_  
(Name of Decedent)

TO: \_\_\_\_\_  
(Funeral Home or Person as Such)

ADDRESS: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_  
(Out of District Funeral Homes)

The undersigned represents:

To the best of my knowledge, the deceased during his lifetime made no indications contrary to the permission I have given for disposition of the body of the deceased.

To the best of my knowledge, there is no opposition to the permission I have given for disposition of the body of the deceased by any person who is part of a priority of consent class that is higher than the class of which I am a member.

I hereby release the Manatee County Medical Examiner Facility and the District Twelve Medical Examiner, their agents, employees or representatives, from any liability which may arise as a result of the release of the above named decedent to me.

Date: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Consent Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Relationship

**PRIORITY OF CONSENT:**

- |                              |   |
|------------------------------|---|
| 1. Spouse                    | 5. Other Blood Relatives                        |
| 2. Adult Son or Daughter     | 6. Personal Representative of Decedent's Estate |
| 3. Either Parent of Decedent | 7. Judicially Appointed Guardian                |
| 4. Adult Brother or Sister   |   |