

Holloway

Funeral Home & Cremation Services



DEPARTMENT OF THE MEDICAL EXAMINER

County

I hereby authorize the Medical Examiner to release the body of to the Holloway
Funeral Home,

Oldsmar, Florida or their agent.

Signed: _____

Relationship to Deceased:

Date: _____

Date of Birth of Deceased: _____

Social Security Number (if known) of Deceased:

WITNESS:
