

District Nine
Medical Examiner's Office
2350 E. Michigan Street □ Orlando, FL 32806
Phone (407) 836-9400 □ Fax (407) 836-9485

Release Authorization

Decedent _____ ME# _____

Decedent Home Address _____

City _____ State/Zip _____ DOB _____

Race _____ Ethnicity _____ Soc. Sec. # _____

Next of Kin Information

Name _____

Address _____

City _____ State/Zip _____

Phone () _____ Relationship Mother

Next of Kin Signature _____

*The above signed certifies and affirms that they are the closest next of kin to the deceased. As next of kin, they hereby authorize the District Nine Medical Examiner's Office in Orlando, Florida to release the body of the decedent, whose name is indicated above, to the funeral home or transport service provided by the family-selected funeral home listed below *.*

Funeral Home Information

Funeral Home _____

Address _____

City _____ State/Zip _____

Phone _____ Fax _____

** The District Nine Medical Examiner's Office assumes no financial responsibility for any costs, charges or fees associated with the disposition or transportation of the remains.*

Transport Service _____

Witness Name _____

Witness Signature _____ Date _____