



# District IV Medical Examiner's Office

*Serving Duval, Clay, Nassau, Hamilton, & Columbia Counties*

## RELEASE AUTHORIZATION

Decedent: \_\_\_\_\_

### NEXT OF KIN INFORMATION

**The undersigned certifies that he/she is the legally authorized person per FSS 497.005(43) and to the best of his/her knowledge, there is no other person in a closer degree of kinship.**

Legally Authorized Person's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

As the legally authorized person, I hereby authorize the District IV Medical Examiner's Office to release the body of the aforementioned decedent to the funeral establishment or transport service as indicated below.

I acknowledge the District IV Medical Examiner's Office assumes no financial responsibility for any costs or charges associated with the disposition or transportation of the remains.

**FUNERAL HOME:** Sarah L. Carter's Funeral Home, Inc. - Northside Chapel

Address: 6665 New Kings Road, Jacksonville, Florida 32219

Phone: 904-765-4150 Fax: 904-765-4159

Agent: Sarah L. Carter's Funeral Home Email: slcarterfuneralhome@gmail.com

**TRANSPORT SERVICE:** Sarah L. Carter's Funeral Home or Leon White Mortuary Transport

Address: 6665 New Kings Road, Jacksonville, FL 32219 Phone: 904-765-4150

**LEGALLY AUTHORIZED PERSON'S SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**WITNESS:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

2100 Jefferson Street  
Jacksonville FL 32206  
904.255.4000 (main office)

Accredited By:



www.coj.net  
MEORecords@coj.net  
904.630.0964 (facsimile)