



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. - Southside Chapel

Address: 2212 Emerson Street, Jacksonville, Florida 32207

Phone: 904-399-4150 Fax: 904-399-4159

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: 2212 Emerson Street, Jacksonville, FL 32207 Phone: 904-399-4150

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)