



3615 Central Av. Suite 6 Fort Myers, FL 33901
239-542-2135
website: www.leecountycremation.com
email: wecare@leecountycremation.com

AUTHORIZATION TO RELEASE BODY

_____, _____,
(Next of Kin) (Relationship)

_____, hereby authorizes the DISTRICT 21
(Name of Decedent)

MEDICAL EXAMINER'S OFFICE to release the body to:

Lee County Cremation Services, _____
(Signature of Next of Kin)

DATE: _____

