



Authorization for Release of Remains

Name of Deceased: _____

Race: _____ Sex: _____ Age: _____

Address: _____

Funeral Home: **All Cremation Options**
5346 Hwy. 98 N
Lakeland, FL 33809
Telephone (863) 812-4063

I do hereby give permission for the _____ District 10
Medical Examiners Office to release the remains of the deceased named above and any
personal belongings to the before mentioned funeral home and/or its agents.

Signature: _____

Relation to deceased: _____

Printed name: _____

Address: _____

Telephone: _____

Witness: _____