

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 \_\_\_\_\_

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 (\_\_\_\_\_) \_\_\_\_\_

Transport Service \_\_\_\_\_

Witness Name \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

\* 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.