

CONSENT FOR RELEASE OF BODY OF DECEASED

OFFICE OF THE DISTRICT ONE MEDICAL EXAMINER

The District One Medical Examiner is hereby given permission to deliver the body of

(Decedent Name) _____

to (Funeral Home Name) _____

The undersigned represents that:

1. Pursuant to Florida Law I am the legally authorized person to direct the disposition of the decedent's body.
2. If I am not the decedent's spouse, I am not aware that a spouse survives the decedent.
3. If the priority of consent classification of which I am a member contains more than one person, there is no opposition to the permission I have given for disposition of the body of the decedent.
4. To the best of my knowledge, I am not aware that the decedent's will provides that someone else is to be responsible for the disposition of the decedent's body.
5. I hereby release the District One Medical Examiner's Office, their agents, employees or representatives, from any liability which may arise as a result of the release of the above name decedent to me.

Name and Relationship

Telephone Number

Street Address

City, State, Zip Code

Signature (Legally Authorized Person)

Employee Name (if verbal approval)

Print (Legally Authorized Person)

Witness

Date

Witness

Priority of Consent:

- | | |
|----------------------------|---|
| 1. Spouse | 5. Other Blood Relative |
| 2. Adult Son or Daughter | 6. Judicially Appointed Guardian |
| 3. Parent of Decedent | 7. Personal Representative of Decedent's Estate |
| 4. Adult Brother or Sister | 8. Public Health Officer |