

RELEASE AUTHORIZATION

The undersigned hereby authorizes

District Five Medical Examiner's Office

Name of Institution or Person

To release the body of _____
Deceased

To _____ and / or it's agents.
Name of Funeral Home

Address: _____

Phone: _____

Fax: _____

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the deceased and/or are legally authorized or charged with the responsibility for such burial and/or other disposition.

Name Relationship

Name Relationship

Name Relationship

Witness _____

Date _____