

**AUTHORIZATION TO RELEASE REMAINS**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Decedent)

The undersigned hereby authorizes and requests release of the remains of the above - named decedent to the following Funeral Home, including it's agents.

\_\_\_\_\_  
(Name and Address of Funeral Home)

Phone number: (407) 656-3079 The above-named Funeral Home including it's agents, is hereby authorized to sign on the undersigned's behalf, any and all other authorizations that may be required to secure release of the above - named decedent. The undersigned further represents that they have the legal right to make this authorization.

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed \_\_\_\_\_

**AUTHORIZATION TO EMBALM**

To: \_\_\_\_\_ Re: \_\_\_\_\_  
(Name of Funeral Home) (Name of Decedent)

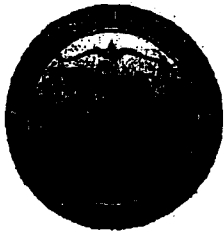
I, \_\_\_\_\_ check one: Do ( ) or Do Not ( ) request EMBALMING, which I understand is the replacement of body fluids by chemical preservatives, or the application of chemical preservatives for the temporary preservation of the body. I further understand that EMBALMING IS NOT REQUIRED BY LAW.

The undersigned hereby acknowledges and agrees that the foregoing Authorization to EMBALM permits the above-mentioned (FUNERAL HOME) to use the service of Independent Embalmers and / or apprentices or student interns in connection with the Embalming, Care and Preparation for disposition of the decedent, provided that any person rendering such service is allowed to perform such work under applicable law. The undersigned further acknowledges that the Embalming, Care and preparation for disposition of the decedent may be performed at the Funeral Home's facility or at another facility equipped to provide such services. The undersigned hereby agrees to INDEMNIFY and HOLD HARMLESS the Funeral Home, it's affiliates and their agents and employees from any and all Liability or Claims which may result from any action taken in accordance with this Authorization To Embalm.

Executed in the City of: \_\_\_\_\_ in the State of: Florida

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed: \_\_\_\_\_

\_\_\_\_\_  
(Signature & Relationship to Decedent) Date signed: \_\_\_\_\_



# Medical Examiner, 5<sup>th</sup> Judicial District

Citrus, Hernando, Lake, Marion and Sumter Counties

809 Pine Street

Leesburg, FL 34748

Ph# (352) 326-5961 Fax# (352) 365-6438

## RELEASE AUTHORIZATION

The undersigned hereby authorizes

District Five Medical Examiner's Office

**Name of Institution or Person**

To release the body of \_\_\_\_\_  
**Name of Deceased**

To \_\_\_\_\_ and/ or its 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 \_\_\_\_\_

# Authorization for Cremation

Pacemaker:  Yes  No

Metro-Crematory *C/O*  
101 W McKey St  
Ocoee, Florida 34761  
(407) 656-3079

Permit No: \_\_\_\_\_

ID No: \_\_\_\_\_

Date: \_\_\_\_\_

The undersigned hereby requests and authorizes, in accordance with and subject to your rules and regulations as well as those of the State of Florida, to cremate the remains and Fiberboard Container containing the remains of

(Type of container)

\_\_\_\_\_ who died at \_\_\_\_\_, on \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Name in Full)

(City and State)

(Day)

(Month)

(Year)

at \_\_\_\_\_ and certifies and represents that I/we have the right to make such authorization and am related to the deceased

(Hour)

as \_\_\_\_\_

(Relationship)

I/We also request you to make the following disposition of the cremated remains: \_\_\_\_\_

REGISTERED U.S. MAILING INSTRUCTIONS \_\_\_\_\_

The undersigned hereby authorizes the crematory to deliver the cremains via REGISTERED U.S. MAIL and agrees to assume all liability for any damages that may arise from any cause growing out of said delivery and to indemnify and hold harmless the crematory and funeral director or their employees from any and all claims related to said shipment. The undersigned also agrees to pay for such delivery in the amount of \$ \_\_\_\_\_.

I/We agree to hold you, your servants and employees blameless and harmless, from any and all liability whatsoever, also for any loss or damage to said cremated remains, occasioned by an act of God, common enemy, theft, strikes, riots, vandals, order of Military or Civil Authority, and for any other act beyond our control. If no final disposition instructions are given to the crematory or funeral home, the cremated remains will be held for 120 days from date of cremation and then disposed of in a dignified manner.

Heart pacemakers can be dangerous when placed in a cremation chamber and shall be removed prior to the cremation process. If the crematory does not receive proper notice, the family and/or undersigned shall be responsible for any damage resulting and the crematory will not be responsible or accept any liability under those circumstances.

I/We affirm that the above statement is true.

**SIGNED**

\_\_\_\_\_ Address \_\_\_\_\_

**WITNESS**

\_\_\_\_\_ Address \_\_\_\_\_

(Funeral Director's Signature)

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

(Notary Public Signature)

Date of disposition \_\_\_\_\_ By \_\_\_\_\_

Cremated remains received by \_\_\_\_\_, \_\_\_\_\_ on \_\_\_\_\_

(Relationship)

The named deceased was received by the Metro-Crematory in Fiberboard Container

(Name of Crematory)

(Type of Container)

approved by the Rules and Regulations of the State Board of Funeral Directors and Embalmers for Florida governing Crematories and that the 48 hour period since death had elapsed before said deceased was cremated on \_\_\_\_\_

(Date)

Signed: \_\_\_\_\_

## RULES APPLICABLE TO CREMATORIES:

It shall be unlawful for any person, firm or corporation to cremate any dead human body prior to the expiration of forty eight (48) hours after the death of such human body. (Sec. 872.02(1), F.S.)

A dead human body may be held any place or in transit over twenty-four (24) hours after death or pending final disposition only if the body is maintained under refrigeration at a temperature of 40°F or below; embalmed in a manner approved by the Board of Funeral Director and Embalmers in accordance with provisions of Chapter 470 F.S.; or otherwise preserved. (Division of Health Rules - Gen. Authority Sec. 381.03(1)(g)(II), F.S.).

Crematory or cinerator facilities are permitted only to require a container in the form of a cardboard container of suitable strength or a wooden box or casket chosen for cremation or calcination to take place. In such cases where the deceased died from a contagious disease, an air-tight container will be required to stop fluid leakage and offensive odors and to reduce the possible further spread of the contagion. (Ch. 21-J-9.03(g) - FD&E Rules)

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 \_\_\_\_\_ et \_\_\_\_\_

City \_\_\_\_\_ State/Zip Florida \_\_\_\_\_

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.*