

OFFICE OF THE MEDICAL EXAMINER DISTRICT EIGHT



www.District8ME.com
Alachua, Baker, Bradford, Dixie,
Gilchrist, Levy & Union Counties

3217 SW 47th Avenue
Gainesville, FL 32608
Office 352-273-9292
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BODY RELEASE AUTHORIZATION FAX TRANSMITTAL SHEET

TO:	FROM:
Investigations	
COMPANY:	DATE:
Medical Examiner Office	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
352-273-9288	
PHONE NUMBER:	
352-273-9292	

Pursuant to permission documented in our files and granted by the next-of-kin

_____ (name of next-of-kin)

_____ (signature of next-of-kin)

Whose relationship is _____ (spouse, offspring, parent, etc.).

The remains of _____ (deceased name) may be

Released to _____ (funeral service provider),

Address _____ City _____, State _____

Phone number _____ Fax number _____

Furthermore, I certify that we are not aware of any other next-of-kin of higher priority trying to make arrangements with another funeral service provider at this time.

Funeral Service Provider (signature)

Printed Name