

# OFFICE OF THE MEDICAL EXAMINER DISTRICT EIGHT



[www.District8ME.com](http://www.District8ME.com)  
Alachua, Baker, Bradford, Dixie,  
Gilchrist, Levy & Union Counties

3217 SW 47<sup>th</sup> Avenue  
Gainesville, FL 32608  
Office 352-273-9292  
Fax 352-273-9288



---

---

## BODY RELEASE AUTHORIZATION FAX TRANSMITTAL SHEET

---

---

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

---

---

---

---

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

\_\_\_\_\_ (name 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