



**MEDICAL EXAMINER, DISTRICT 23**

4501 Avenue A  
St. Augustine, FL 32095  
Ph: 904-209-0820  
Fax: 904-209-0829

**Wendolyn Sneed, M.D.**  
Chief Medical Examiner

**AUTHORIZATION TO RELEASE BODY**

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

I, \_\_\_\_\_, bearing the relationship  
(Print First and Last Name)

of \_\_\_\_\_ to \_\_\_\_\_  
(Print Legal Next-of-Kin Status) (Print Deceased First and Last Name)

hereby authorize the District 23 Medical Examiner's Office to release the body of said

deceased to \_\_\_\_\_ for the purpose of burial,  
(Print Funeral Home and Receiving Agency- If different than F.H.)

cremation or anatomic donation.

\_\_\_\_\_  
Signature of Legal Next-of-Kin

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature of Funeral Director

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**\*\*\*\*For Medical Examiner Use Only \*\*\*\***

Release reviewed by:

\_\_\_\_\_  
D23 MEO Staff

\_\_\_\_\_  
Funeral Home Staff