



**MEDICAL EXAMINER, DISTRICT 23**

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

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

*OFFICE OF THE MEDICAL EXAMINER*  
**DISTRICT 23**  
St. Johns - Putnam - Flagler Counties

**Authority for Release by Medical Examiner's Office to Funeral Home**

Date \_\_\_\_\_

The undersigned, standing in the relationship hereinafter designated to the deceased,

\_\_\_\_\_, do hereby authorize the Medical Examiner's Office in St.

Augustine, Florida, to release the body of said deceased to \_\_\_\_\_ of \_\_\_\_\_

for burial/cremation, after said Medical Examiner has completed and concluded his official duties respecting the body of said deceased, with the understanding that said Medical Examiner and his office are in nowise financially responsible for any of the costs or charges in connection with said burial/cremation.

_____	_____	_____
Name	Relationship	Address
_____	_____	_____
Name	Relationship	Address
_____	_____	_____
Name	Relationship	Address

Signed in the presence of and approved by:

\_\_\_\_\_

For and Behalf of

\_\_\_\_\_

Funeral Home or Funeral Director