



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

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

Release reviewed by:

D23 MEO Staff

Funeral Home Staff