



**Office of Broward County Medical Examiner and Trauma Services**

5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • Records FAX 954-327-6581 • TTY 954-357-6100

## Authorization for Release and Removal

### Decedent

Name: \_\_\_\_\_

Date of Death: \_\_\_\_\_

### Legally Authorized Person

Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Funeral Facility

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

### Witness of Signature

Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

BY SIGNING BELOW, I CERTIFY THAT I AM THE "LEGALLY AUTHORIZED PERSON" AS DEFINED BY [FLA. STAT. § 497.005-39](#) AND DO HEREBY AUTHORIZE THE BROWARD COUNTY MEDICAL EXAMINER TO RELEASE THE REMAINS OF THE ABOVE NAMED DECEDENT TO THE ABOVE NAMED FUNERAL FACILITY.

\_\_\_\_\_  
Signature of Legally Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

ALL FIELDS ARE REQUIRED TO BE FILLED OUT TO COMPLETION. INCOMPLETE OR ILLEGIBLE RELEASE AUTHORIZATIONS WILL NOT BE ACCEPTED BY THE MEDICAL EXAMINER'S OFFICE. "VERBAL" AUTHORIZATIONS WILL NOT BE ACCEPTED.