



# H AISLEY

Funeral & Cremation Service

Richard F. Haisley, Director

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## AUTHORIZATION FOR RELEASE

Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
ME Case No.: \_\_\_\_\_

I certify that I am the “legally authorized person”\* and do hereby authorize the Office of the Medical Examiner, District 19, Florida, to release the remains of the above decedent to \_\_\_\_\_ Funeral Home/Crematory.

Signature of legally authorized person: \_\_\_\_\_ (Print) \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_ Home or Cell Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

Funeral home/crematory representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Print Name)

If the decedent was a foreign national, was the appropriate Consulate notified? Yes  No

If yes: Consulate of \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Country) (City) (State) (Phone No.)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Consular Officer’s Name: \_\_\_\_\_

\*“Legally authorized person” in the priority listed in Section 497.005, Florida Statutes for Funeral Directing.

I. <u>Next of kin:</u>	II. <u>Person at time of death when there is no family:</u>
1. Spouse	1. Guardian
2. Adult Child (If no Spouse)	2. Personal Representative
3. Parent (If no Spouse or Children)	3. Attorney in Fact
4. Adult Brother/Sister (If no 1,2,3)	4. Health Surrogate
5. Adult Grandchild or Grandparent (If no 1,2,3,4)	5. Public Health Office
6. Next Degree of Kinship: _____	6. Representative of Nursing Home or Health Care Facility
	7. Friend Assuming Responsibility

## RELEASE INFORMATION

Removal Date: \_\_\_\_\_ Time: \_\_\_\_\_ Valuables Received: Yes  No

Funeral Home: \_\_\_\_\_ Representative: \_\_\_\_\_

