



# BODY RELEASE FORM



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

**Medical Examiner's Office**

3126 Gun Club Road  
West Palm Beach FL 33406-3005  
(561) 688-4575  
FAX: (561) 688-4588  
<http://www.pbcgov.com>

**I hereby authorize the Palm Beach County Medical Examiner's Office to release the body of:**

**Name of Deceased:** \_\_\_\_\_

**To the following Funeral Home:**

\_\_\_\_\_

**Funeral Home Phone & Fax Number(s):**

\_\_\_\_\_

**Palm Beach County  
Board of County  
Commissioners**

Dave Kerner, Mayor

Robert Weinroth, Vice Mayor

Hal R. Valeche

Gregg K. Weiss

Mary Lou Berger

Melissa McKinlay

Mack Bernard

**I am the legal next of kin authorized to make such an authorization (Please print).**

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

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

**Telephone Number(s):** \_\_\_\_\_

**Relationship to Deceased:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**County Administrator**

Verdenia C. Baker

*"An Equal Opportunity  
Affirmative Action Employer"*