



# 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>

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

County Administrator  
Verdenia C. Baker

**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):**

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

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

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

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

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

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