



**Miami-Dade County**  
**Medical Examiner's Department District 11**



Number One on Bob Hope Road  
 Miami, Florida, USA 33136-1133  
 Telephone (305) 545-2400  
 Fax (305) 545-2418

[www.miamidade.gov/medexam](http://www.miamidade.gov/medexam)

**RELEASE AUTHORIZATION**

Name of Deceased / Nombre del Fallecido: \_\_\_\_\_

Nickname / Alias / Apodo: \_\_\_\_\_

Race / Gender // Raza / Genero: \_\_\_\_\_

Date of Birth / Fecha de Nacimiento: \_\_\_\_\_ Age / Edad: \_\_\_\_\_

Social Security / Seguro Social: \_\_\_\_\_

I hereby authorize you to release the remains of the above-named decedent to the below-named funeral home and/or its agent. I hereby represent that I am of the nearest degree of relationship to the deceased and/or am legally authorized or charged with the responsibility of the disposition.

Autorizo la entrega de los restos mortales del difunto arriba nombrado a la funeraria nombrada abajo. Certifico que soy la persona mas allegada al difunto y poseo la responsabilidad legal para sus arreglos funebres.

Funeral Home / Funeraria: \_\_\_\_\_

Local Agent / Agente Local: \_\_\_\_\_

Funeral Director's Name: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Next of Kin / Firma del Familiar mas allegado

\_\_\_\_\_  
 Signature Witness / Firma Testigo

\_\_\_\_\_   
 Print Name and Relationship / Imprima Nombre y Relación

\_\_\_\_\_   
 Print Name of witness / Imprima Nombre del Testigo

\_\_\_\_\_   
 Address / Dirección

\_\_\_\_\_   
 Address / Dirección

\_\_\_\_\_   
 Address / Dirección

\_\_\_\_\_   
 Address / Dirección

\_\_\_\_\_   
 Telephone / Teléfono

\_\_\_\_\_   
 Telephone / Teléfono

\_\_\_\_\_   
 2<sup>nd</sup> Telephone / 2<sup>do</sup> Teléfono

\_\_\_\_\_   
 2<sup>nd</sup> Telephone / 2<sup>do</sup> Teléfono

\_\_\_\_\_   
 Email / Correo Electrónico

\_\_\_\_\_   
 Email / Correo Electrónico

FS 497.005 (37) "Legally authorized person" means, in the priority listed, the decedent, when written inter vivos authorizations and directions are provided by the decedent; the surviving spouse, unless the spouse has been arrested for committing against the deceased an act of domestic violence as defined in s. 741.28 that resulted in or contributed to the death of the deceased; a son or daughter who is 18 years of age or older; a parent; a brother or sister who is 18 years of age or older; a grandchild who is 18 years of age or older; a grandparent; or any person in the next degree of kinship. In addition, the term may include, if no family member exists or is available, the guardian of the dead person at the time of death; the personal representative of the deceased; the attorney in fact of the dead person at the time of death; the health surrogate of the dead person at the time of death; a public health officer; the medical examiner, county commission, or administrator acting under part II of chapter 406 or other public administrator; a representative of a nursing home or other health care institution in charge of final disposition; or a friend or other person not listed in this subsection who is willing to assume the responsibility as the legally authorized person. Where there is a person in any priority class listed in this subsection, the funeral establishment shall rely upon the authorization of any one legally authorized person of that class if that person represents that she or he is not aware of any objection to the cremation of the deceased's human remains by others in the same class of the person making the representation or of any person in a higher priority class.