



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.