

# MILLENNIUM

— CREMATION SERVICE —

## AUTHORIZATION TO RELEASE

Decedent: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Sex: \_\_\_\_\_ DOB: \_\_\_\_\_ 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: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Funeral home/crematory Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**"Legally Authorized Person"** means, in the priority listed below (per Florida Statute 497):

I. **Next of kin:**

1. Spouse
2. Adult Child (If no spouse)
3. Parent (if no spouse or children)
4. Adult Brother/Sister (if no 1,2,3)
5. Adult Grandchild or Grandparent (if no 1,2,3,4)
6. Next Degree of Kinship \_\_\_\_\_

II. **Person at time of death when there is no family:**

1. Guardian
2. Personal Representative
3. Attorney in Fact
4. Health Surrogate
5. Public Health Officer
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: \_\_\_\_\_