



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):

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

Name: _____

Address: _____

Telephone Number(s): _____

Relationship to Deceased: _____

Signature: _____

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**Palm Beach County
Board of County
Commissioners**

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