



Office of Broward County Medical Examiner and Trauma Services
5301 S.W. 31 Avenue • Fort Lauderdale, Florida 33312-6619 • 954-357-5200 • FAX 954-327-6581

AUTHORIZATION FOR RELEASE AND REMOVAL

DECEDENT

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

LEGALLY AUTHORIZED PERSON

Print Name: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

FUNERAL FACILITY

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: \_\_\_\_\_ (If out of State) Local Funeral Facility: \_\_\_\_\_

WITNESS

Print Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

INCOMPLETE OR ILLEGIBLE RELEASE AUTHORIZATIONS WILL NOT BE ACCEPTED BY THE MEDICAL EXAMINER'S OFFICE. "VERBAL" AUTHORIZATIONS WILL NOT BE ACCEPTED.

BY SIGNING BELOW, I CERTIFY THAT I AM THE "LEGALLY AUTHORIZED PERSON" AS DEFINED BY FLORIDA STATUTE 497.005(43) AND HEREBY AUTHORIZE THE BROWARD COUNTY OFFICE OF MEDICAL EXAMINER & TRAUMA SERVICES 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

PLEASE EMAIL COMPLETED AUTHORIZATION TO BODYRELEASE@BROWARD.ORG. WE WILL EMAIL YOU WHEN THE BODY IS READY FOR RELEASE.

FS 497.005 (43) "Legally authorized person" means, in the priority listed: (a) The decedent, when written inter vivos authorizations and directions are provided by the decedent; (b) The person designated by the decedent as authorized to direct disposition pursuant to Pub. L. No. 109-163, s. 564, as listed on the decedent's United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died while in military service as described in 10 U.S.C. s. 1481(a)(1)-(8) in any branch of the United States Armed Forces, United States Reserve Forces, or National Guard; (c) 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; (d) A son or daughter who is 18 years of age or older; (e) A parent; (f) A brother or sister who is 18 years of age or older; (g) A grandchild who is 18 years of age or older; (h) A grandparent; or (i) 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.