

**DISTRICT TWELVE MEDICAL EXAMINERS
SARASOTA COUNTY FACILITY**

CONSENT FOR RELEASE OF BODY OF DECEASED

THE MEDICAL EXAMINER OF DISTRICT TWELVE IS HEREBY GIVEN PERMISSION TO DELIVER THE BODY

OF: _____
(Name of Decedent)

TO: _____
(Funeral Home or Person as Such)

The undersigned represents:

To the best of my knowledge, the deceased during his lifetime made no indications contrary to the permission I have given for disposition of the body of the deceased.

To the best of my knowledge, there is no opposition to the permission I have given for disposition of the body of the deceased by any person who precedes me in legal priority for consent.

I hereby release the Sarasota County Medical Examiner Facility and the District Twelve Medical Examiner, their agents, employees or representatives, from any liability which may arise as a result of the release of the above named decedent to me.

Date: _____, 20____

X _____
Consent Signature

X _____
Witness

Print Name

Witness

Relationship

PRIORITY OF CONSENT:

- | | |
|------------------------------|---|
| 1. Spouse | 5. Other Blood Relatives |
| 2. Adult Son or Daughter | 6. Personal Representative of Decedent's Estate |
| 3. Either Parent of Decedent | 7. Judicially Appointed Guardian |
| 4. Adult Brother or Sister | |