



Office of the Medical Examiner  
Palm Beach County – District #15  
3126 Gun Club Road – West Palm Beach, FL 33406  
Email: [MERelease@PBC.gov](mailto:MERelease@PBC.gov)

# BODY RELEASE FORM

Date: \_\_\_\_\_

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: \_\_\_\_\_

## MEO VERIFICATION ONLY

INVESTIGATOR: \_\_\_\_\_

DATE & TIME: \_\_\_\_\_

**Body release hours are 7:00 AM to 3:30 PM.**  
**The morgue is CLOSED for lunch from 11:30 AM-1:00 PM**