



Office of the Medical Examiner
Palm Beach County – District #15
3126 Gun Club Road – West Palm Beach, FL 33406
Email: 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 and Facility Code:

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: _____

Body release hours are Monday through Saturday 7:00 AM to 3:30 PM
The morgue is closed for lunch from 11:30 AM-1:00 PM
Sunday 7:00 AM to 11:30 AM