



**COUNTY OF VOLUSIA DEPARTMENT OF PUBLIC PROTECTION OFFICE OF THE MEDIAL EXAMINER**  
1360 Indian Lake Road, Daytona Beach, FL 32124 (386)258-4060 FAX (386) 258-4061 [www.volusia.org](http://www.volusia.org)

**REQUEST FOR RELEASE OF BODY TO FUNERAL HOME & REMOVAL AUTHORIZATION REQUEST**

1. Complete this form in its entirety, making certain that the NAME OF DECEASED is spelled exactly as the family wishes it to appear on the Death Certificate.
2. The Volusia County Medical Examiner's Office will telephone you when the body is ready to be released. The person(s) picking up the body on your behalf will need to show identification at the front office before the body will be released from the morgue.
3. By submitting this form, the funeral director stipulates the he/she has been working with the decedent's legal next of kin or authorized representative regarding final arrangements.
4. FAX this completed form, AS SOON AS POSSIBLE, to (386)258-4061.

**\* FIRST & LAST NAME of the Deceased (PRINT EXACTLY AS IT SHOULD APPEAR ON DEATH CERTIFICATE)**

**\* DATE OF DEATH**

**\* AGE**

**\* RACE**

**\* SEX**

**\* NAME OF NOK AUTHORIZING REMOVAL**

**\* RELATIONSHIP**

**\* SIGNATURE**

**NAME OF FUNERAL HOME:** JUST4CREMATION.COM. **LOCATED AT:** 120 East New York Ave. Suite FL, Deland, FL 32724. **PHONE:** 386-456-4444 **NAME OF TRANSPORT AGENCY:** JUST4CREMATION.COM



\* DATE (DAY - MONTH - YEAR)

\* NAME OF PERSON(S) PICKING UP BODY

\* SIGNATURE

\* SIGNATURE

\* M.E. STAFF SIGNATURE

M.E. CASE #

DATE (DAY - MONTH - YEAR)

\* PERSONAL EFFECTS YES or NO

\* DEATH CERTIFICATE YES or NO