



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:

Funeral Home Phone Number, Fax Number, and Facility Code:

Phone: _____ Fax: _____ Facility Code: _____

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 Monday through Saturday 7:00 AM to 3:30 PM

Sunday 7:00 AM to 11:30 AM

NO RELEASES ON COUNTY HOLIDAYS

The morgue is CLOSED for lunch from 11:30 AM-1:00 PM