

RELEASE AUTHORIZATION FOR REMOVAL FROM PLACE OF DEATH

The undersigned hereby authorize:

Name of Facility and/or the District Medical Examiner's Office in charge

To release the body of: _____, deceased,
to: Brown Funeral Home & Crematory, 5430 W. Gulf to Lake Hwy., Lecanto, FL 34461, and/or
its agents.

I (we) hereby represent that I am (we are) of the same and nearest degree of relationship to the
deceased and/or are legally authorized or charges with the responsibility for such burial and/or
other disposition.

Except in certain cases, embalming is not required by law. Embalming may be necessary,
however, if you select certain funeral arrangements, such as a funeral with viewing. If you do not
want embalming, you usually have the right to choose an arrangement that does not require you
to pay for it, such as direct cremation or immediate burial.

I (we) hereby do _____ do not _____ request the embalming of
_____, my _____.

Name Relationship

Name Relationship

Witness

Date