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MullinsMemorial.com

**AUTHORIZATION TO RELEASE BODY**

\_\_\_\_\_, \_\_\_\_\_ of  
(Next of Kin or Authorized Representative) (Relationship)

\_\_\_\_\_, hereby authorizes the DISTRICT 21 MEDICAL  
(Name of Deceased)

EXAMINER'S OFFICE to release the body to **MULLINS MEMORIAL**  
(Funeral Home / Cremation Service)

\_\_\_\_\_  
(Signature of Authorized Representative)

DATE: \_\_\_\_\_

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Complete this section if authorizing representative not next of kin:

\_\_\_\_\_, \_\_\_\_\_ of  
(Next of Kin) (Relationship)

\_\_\_\_\_, hereby gives \_\_\_\_\_  
(Name of Decedent) (Name of Appointee)

Authorization to facilitate and conduct arrangements for the final disposition of the above named decedent.

\_\_\_\_\_  
(Signature of Next of Kin)

DATE: \_\_\_\_\_