



County of Volusia
Department of Public Protection
Office of the Medical Examiner
1360 Indian Lake Road
Daytona Beach, FL 32124

www.volusia.org

REQUEST FOR RELEASE OF BODY TO FUNERAL HOME
and
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 that he/she has been working with the decedent's legal next of kin or authorized representative regarding final arrangements.

NAME OF 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 Alavon Direct Cremation Service

STREET ADDRESS _____

PHONE # _____ CITY/STATE _____

NAME OF TRANSPORT AGENCY _____ PHONE # _____

TO BE COMPLETED AT TIME OF REMOVAL

NAME OF PERSONS(S) PICKING UP BODY _____

DATE _____ SIGNED _____

M.E. STAFF SIGNATURE _____

M.E. CASE # _____ DATE / TIME _____

PERSONAL EFFECTS: YES ☐ NO ☐ DEATH CERTIFICATE: YES ☐ NO ☐

