



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**

Telephone (214) 920-5900  
FAX (214) 920-5908

2355 N. Stemmons Freeway  
Dallas, Texas 75207

Office of the Medical Examiner

**DECEASED ADULT BODY DISPOSITION REQUEST AND WAIVER**

I, \_\_\_\_\_, do hereby certify that I have the right to control the disposition of the remains of \_\_\_\_\_ as specified in Section 711.002 of the Health and Safety Code, and

I further attest that (*check one*):

- I do not have financial resources sufficient to accept responsibility for the disposition of the remains, OR
- I am refusing to accept responsibility for the disposition of the remains.

Therefore, I am requesting that the Dallas County Office of the Medical Examiner (DCME) take responsibility for the disposition of the remains as specified in Section 694.002 of the Health and Safety Code\*. By this request, I grant unto the DCME full rights to dispose of the remains by cremation and inter the remains at a vendor cemetery. By this request, I relinquish all rights and claims regarding hereon described decedent, by any person whatsoever, and direct that in accepting the responsibility for disposition of the remains that the DCME shall not incur any liability, and that no claim shall arise against that institution in any matter.

*\*Section 694.002(b) of the Health and Safety Code states that "the commissioners court shall consider any information, including the religious affiliation of the deceased pauper, provided by a person listed in Section 711.002 (a)" of the Health and Safety Code. I hereby acknowledge that I have been informed of my right to provide information for consideration by the commissioners court, and I make the following choice in this regard" (check one):*

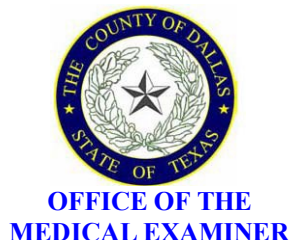
- I wish to provide information for consideration by the Commissioners Court (attach information)*
- I decline my right to provide information for consideration by the Commissioners Court.*

\_\_\_\_\_  
Printed Name – Legal Next of Kin

\_\_\_\_\_  
Relationship to Decedent

\_\_\_\_\_  
Signature – Legal Next of Kin

\_\_\_\_\_  
Date



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**Death Certificate Information Form**

1. LEGAL NAME OF DECEASED (Include AKA's if any) (First, Middle, Last)			(Maiden)	2. DATE OF DEATH (ACTUAL OR PRESUMED)	
3. SEX	4. DATE OF BIRTH	5. AGE – Last Birthday (Years)	6. BIRTHPLACE (City, County, and State or Foreign Country)		
7. SOCIAL SECURITY NUMBER	8. MARITAL STATUS AT TIME OF DEATH <input type="radio"/> Married <input type="radio"/> Widowed <input type="radio"/> Divorced <input type="radio"/> Never Married <input type="radio"/> Unknown		9. SURVING SPOUSE (If wife, give <u>name prior to first marriage</u> )		
10a. RESIDENCE STREET ADDRESS		10b. APT NO	10c. CITY OR TOWN		
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS <input type="radio"/> YES <input type="radio"/> NO		
11. FATHER'S NAME		12. MOTHER'S NAME <u>PRIOR TO FIRST MARRIAGE</u>			
13. PLACE OF DEATH (CHECK ONLY ONE)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="radio"/> INPATIENT <input type="radio"/> ER/OUTPATIENT <input type="radio"/> DOA		IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="radio"/> Hospice Facility <input type="radio"/> Nursing Home <input type="radio"/> Decedent's Home <input type="radio"/> Other (Specify)			
14. COUNTY OF DEATH	15. CITY/TOWN ZIP (if outside city limits, give precinct no.)		16. FACILITY NAME (if not institution, give street address)		
17. INFORMANT'S NAME (Your name & RELATION TO DECEASED)			18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)		
43. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="radio"/> 8 <sup>th</sup> grade or less <input type="radio"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma <input type="radio"/> High school graduate or GED completed <input type="radio"/> AA, AS <input type="radio"/> BA, AB, BS <input type="radio"/> MA, MS, Meng, Med, MSW, MBA <input type="radio"/> Doctorate (e.g. PhD or EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) <input type="radio"/> Some college credit, but no degree					
45. DECEDENT'S RACE	46. EVER IN U.S ARMED FORCES? <input type="radio"/> Yes <input type="radio"/> No		Branch of Military: Serial number of discharge papers or adjusted service certificate?		
47. EVER A PEACE OFFICER IN THIS STATE? <input type="radio"/> Yes <input type="radio"/> No	48. OCCUPATION		49. TYPE OF BUSINESS OR INDUSTRY		

The information requested on this form will be used to complete the death certificate. Please print this information to ensure the spelling is correct. Any areas left blank will be filled as unknown and an amendment to the death certificate will be necessary to correct this at the family's expense. Please complete as much of this information as possible.

If you would like to claim personal property that may be recovered by DCME, please call 214-920-5900, Opt. 1