SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Telephone 214-920-5900
2355 N. Stemmons Freeway
DALLAS, TEXAS 75207
(214) 920-5908 - Fax

OFFICE OF THE MEDICAL EXAMINER

M.E. Case #_____

This authorizes the Southwestern Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of _____ to the _____ _____ Funeral Home, or their agent at the telephone number of (_ _ _)-__ __ __-__ __ __ __.

By signing below, I affirm that I am designated by legal instrument and/or the legal next-of-kin as identified by priority in *Sec. 711.02** of the Texas Health and Safety Code with the right to control disposition of the individual listed above.

_____ _____
Signature of Next-of-Kin Printed Name/Telephone Number

_____ _____
Relationship of next-of-kin or other person legally entitled to control disposition of remains Date Signed

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OFICINA DEL MEDICO FORENSE

M.E. Case #_____

Por medio de la presente se autoriza el Southwestern Institute of Forensic Sciences, Dallas, Texas, entregar los restos y las pertenencias de _____ a la funeraria _____ _____ o su agente, con el numero de telefono (_ _ _)-__ __ __-__ __ __ __.

Al firmar este documento, afirmo que he sido designado mediante un instrumento legal como el familiar más cercano al fallecido, según el orden de prioridad establecido en la Sección 711.02* del Código de Salud y Seguridad de Texas para decidir sobre la disposicion de los restos de la persona indicada.

_____ _____
Firma de pariente inmediato Nombre en letra de molde/ # Telefono

_____ _____
Relacion de parentezco/Capacidad legal Para disponer de los restos del difunto Fecha de firma

*Except as provided by Subsection (1), unless a decedent has left directions in writing for the disposition of the decedent's remains as provided by Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and in accordance with Subsection (a-3) are liable for the reasonable cost of interment: (1) the person designated in a written instrument signed by the decedent; (2) the decedent's surviving spouse; (3) any one of the decedent's surviving adult children; (4) either one of the decedent's surviving parents; (5) any one of the decedent's surviving adult siblings; (6) any one or more of the duly qualified executors or administrators of the decedent's estate; or (7) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent.

Revised: June, 2026