THE COUNTY OF GALVESTON

MEDICAL EXAMINERS OFFICE

6607 HIGHWAY 1764 TEXAS CITY, TEXAS 77591

(W) 409.935.9274 (F) 409.935.8305

AUTHORIZATION TO RELEASE BODY

FULL NAME of Decedent:			
	First	Middle Sex	Last
		ng to the priority order list be	
(Name of legal next of ki	n)	(Relationship to dec	edent)
Address AND telephone nui	mber of legal next of kin:		,
I (we), being the legal ne	xt of kin according to price	prity list below, release the body	to:
			Funeral Home.
Telephone # of F.H		_Fax # of F.H	
Address of funeral home: _			
Signature of Next of Kin:		Date:	
	(or person nangling the	e remains) Date [.]	
Nith this signature, I attest and he law regarding the order of the	affirm that I (we), am (are)	the legal next of kin according to the	ne priority list below: Below
<u>P</u>	riority Order of Next of	Kin (Texas Health & Safety C	ode 711.002)
(If yes, attach the docume Did the person have a surviv (If yes, please have the sp. Does the decedent have a ch (If yes, please have the ch. Does the decedent have a sur (If yes, please have ONE co. Does the decedent have a sit (If yes, please have one of Did the decedent? YES or	ent(s) with the release form ing spouse? YES or ouse sign the release form nild 18 years or older? YE ild sign the release form an urviving parent? YES or of the parents sign the release olding 18 years or older? Yethe siblings sign the releasedult person in the next degree.	and fax it to our office). If you ans ES or NO d fax it to our office). If you answer NO use form and fax it to our office). If ES or NO e form and fax it to our office). If yee of kinship in the order named be	evered no, eved no, you answered no, you answered no, you answered no, y law to inherit the estate of
Is there a person/persons har	aperwork, attach it to the re adling the remains other tha	lease form, and fax it to our office) in the legal next of kin? YES or I	. If you answered no, VO

(If yes, please have that person explain in a short letter the situation, sign our release form and fax them to our office).