



**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.traviscountytexas.gov/medical_examiner

J. KEITH PINCKARD, MD, PhD
D-ABP, F-ABMDI
CHIEF MEDICAL EXAMINER

Body Release to Funeral Home

DATE _____

FAX: (512) 854-9862

This authorizes the Medical Examiner's Office, Travis County, Texas, to release the remains of _____ to _____ Funeral Home

And _____ Mortuary Service if applicable.

Please complete Funeral Home information below:

Address: _____ City: _____

State: _____ Zip Code: _____

Phone # _____ Fax# _____

Authorization is also given to the above named Funeral Home, or its designated agents, to remove the said deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

The above named Funeral Home is authorized to receive personal property: Yes No

Signature: _____

Print Name: _____

Relationship: _____

**SUBMIT THIS DOCUMENT TO THE MEDICAL EXAMINER'S OFFICE UPON
REMOVAL OF THE DECEASED.**