



Authorization of Next of Kin to Release Decedent/Personal Effects to Funeral Director

In accordance with state law, the Harris County Institute of Forensic Sciences (HCIFS) will perform an inquest or autopsy to determine the cause and manner of death of the decedent. If an autopsy is performed, certain organs and tissue are removed for necessary examination and testing. Upon completion of examination and testing, any organs and tissue kept by the HCIFS will be disposed of in accordance with health and safety guidelines.

Case number: Name of Decedent:

Priority Class of Next of Kin as defined by Texas Health & Safety Code §711.002

- 1. PERSON DESIGNATED IN A WRITTEN INSTRUMENT SIGNED BY THE DECEDENT;
2. DECEDENT'S SURVIVING SPOUSE;
3. ANY ONE OF THE DECEDENT'S SURVIVING ADULT CHILDREN;
4. EITHER OF THE DECEDENT'S SURVIVING PARENTS;
5. ANY ONE OF THE DECEDENT'S SURVIVING ADULT SIBLINGS; or
6. ANY ADULT PERSON IN THE NEXT DEGREE OF KINSHIP IN THE ORDER NAMED BY THE LAW TO INHERIT THE ESTATE OF THE DECEDENT

Release of Decedent/Personal Effects and Next of Kin Acknowledgement

I, (Next of Kin name), bearing the relationship of (relationship to the decedent named above) attest that I am the legal next of kin, as defined above by Texas Health & Safety Code §711.002 and that there is no other person with a priority of right to control the disposition of the decedent's remains listed before me.

I hereby authorize the HCIFS to release the decedent named above and any personal effects in the possession of the HCIFS to Funeral Home / Transport Service or its agent upon presentation of this completed document, a current state-issued funeral director or embalmer license and valid government-issued identification.

THIS IS A GOVERNMENTAL RECORD AS DEFINED BY TEXAS PENAL CODE SECTION 37.10. BY SIGNING THIS DOCUMENT, I REPRESENT THAT I AM THE NEXT OF KIN AND THERE IS NO OTHER PERSON WITH A PRIORITY OF RIGHT TO CONTROL THE DISPOSITION OF THE REMAINS LISTED BEFORE ME. I AGREE TO INDEMNIFY AND HOLD HARMLESS HARRIS COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ALL CLAIMS OF ANY CHARACTER, TYPE OR DESCRIPTION, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT AND RELEASE ANY PERSON WHO ACTS IN RELIANCE ON THIS DOCUMENT FROM ANY LIABILITY, AND ACKNOWLEDGE THAT I AM LIABLE FOR ALL DAMAGES THAT RESULT, DIRECTLY OR INDIRECTLY, FROM MY REPRESENTATIONS AND SIGNATURE. ANY DISPUTE AMONG THE DECEDENT'S NEXT OF KIN CONCERNING THE RIGHT TO CONTROL THE DISPOSITION OF DECEDENT'S REMAINS MUST BE RESOLVED AMONG THOSE PERSONS BY A COURT OF COMPETENT JURISDICTION. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY FAMILY, ESTATE, HEIRS AND ASSIGNS.

Next of Kin Signature: Date:

Next of Kin Contact Number:

Next of Kin Address:

Witness Name:

Witness Signature: Date:

Witness Contact Number:

Witness Address:

Beaumont/Jefferson County
PO Box 20097
Beaumont TX 77720
Phone: (409) 726-2571
Fax: (409) 726-2569



www.forensicmedtx.com

Tyler
11980 Highway 155 North
Tyler TX 75708
Phone: (903) 877-3800
Fax: (903) 877-3880

Forensic Medical Management Services of Texas, P.A.

Release of Decedent and Personal Effects

Forensic Medical of Texas has been requested to perform a complete autopsy on the decedent named below to determine cause and manner of death. During autopsy certain organs are removed and specimens may be retained as deemed necessary. Upon completion of examination and testing FMMS has been authorized to dispose of any retained organs and tissues in accordance with local health and safety guidelines.

Case number: _____ Name of the Decedent: _____

I, _____, bearing the relationship of _____, acknowledge that I am the legal next of kin as defined by the Texas Health & Safety Code Section §711.002. I hereby authorize FMMS of TX to release the decedent named above as well as any and all personal effects not retained as evidence to _____ (Funeral Home) or its agent or representative, for burial or other arrangements as may be requested by the family.

NOTE: Any photo or government identification will be retained and returned to the issuer.

Texas Health & Safety Code Section §711.002 DISPOSITION OF REMAINS; DUTY TO INTER: By my signature I am legally swearing that the decedent left no directions in writing for the disposition of the remains, and there is no other person with a priority of right to the remains listed before me per the Code Section §711.002. I release any person who acts on information provided by this document from any liability and acknowledge that I am liable under Texas Health & Safety Code Section §711.002 for all damages that result directly or indirectly from my representation and signature. Any dispute among the decedent's next of kin concerning the right to control the disposition of the remains must be resolved among those persons by a court of competent jurisdiction.

Next of Kin Name: _____
(Print) _____ (Signature) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Contact Phone # (include area code): _____ Alternate Phone #: _____

Witness Name: _____
(Print) _____ (Signature) _____
Street Address: _____ City: _____ State: _____ Zip: _____
Contact Phone # (include area code): _____ Alternate Phone #: _____

Complete the information below at the time of release

***All persons arriving to transport decedents will be required to present a valid government-issued identification**

Funeral Home notified by : _____ Date/Time: _____
F.H. Representative: _____
Print Name _____ Signature _____
FMMS Representative: _____ Date/Time: _____



Montgomery County Forensic Services Department
205 Hilbig Road, Conroe, Texas 77301
Phone: 936-538-3791 Fax: 936-538-3794

Release of Decedent and Personal Effects

I, _____, bearing the relationship of _____
to _____, acknowledge that I am the legal next of kin and
(decedent's name)

authorize the Montgomery County Forensic Services Department to release the
decedent and his/her personal effects in the possession of the MCFSD to the
funeral home or its agent listed below.

Name of Decedent: _____ DOB: _____

Name of Funeral Home and/or Crematory: _____

Signature of next of kin _____ Date: _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

Witness _____

Street Address _____ Telephone _____

City _____ State _____ Zip Code _____

The following define rights of disposition of a body in Texas (Texas Health
and Safety Code, 711.002):

- (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; or
- (6) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent

THE COUNTY OF GALVESTON MEDICAL EXAMINER'S OFFICE

6607 HIGHWAY 1764
TEXAS CITY, TEXAS 77591
Phone: 409-935-9274 Fax: 409-935-8305

AUTHORIZATION TO RELEASE BODY

Full Name of Decedent: _____
 First Middle Last

Age: _____ Race: _____ Sex: _____

Address of Decedent: _____

The Legal Next of Kin to the decedent according to the priority order list below:

(Name of legal next of kin) (Relationship to decedent)

Address and phone number of legal next of kin:

I (we), being the legal next of kin according to priority list below, release the body to:

_____ Funeral Home.

Phone # of Funeral Home: _____ Fax # of Funeral Home: _____

Address of funeral home: _____

Signature of Next of Kin: _____ Date: _____
 Person handling remains

Witness to signature above: _____ Date: _____
 Funeral home representative

With this signature, I attest and affirm that I (we), am (are) the legal next of kin according to priority list below:

Priority Order of Next of Kin (Texas Health & Safety Code 711.002)

1. Person designated in a written instrument signed by the decedent. () Yes () No
(if yes, attach the document(s)). If you answered no;
2. The decedent's surviving spouse. () Yes () No If you answered no;
3. Any one of the decedent's surviving adult children. () Yes () No If you answered no;
4. Either one of the decedent's surviving parents. () Yes () No If you answered no;
5. Any one of the decedent's surviving adult siblings. () Yes () No If you answered no;
6. Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent.
() Yes () No
(if yes, please submit the paperwork). If you answered no;
7. Person(s) handling remains other than legal next of kin (send letter explaining situation). () Yes () No