



TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER

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DEPUTY CHIEF MEDICAL EXAMINER

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DEPUTY MEDICAL EXAMINER

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DEPUTY MEDICAL EXAMINER

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 valuables: () Yes () No

Signature: _____

Print Name: _____

Relationship: _____

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