



Body Removal Permit

DATE: _____

This form authorizes Central Texas Autopsy, PLLC, to release the remains of:

_____ (DOB: _____) to:

Austin Mortuary Service, LLC.

Name of Funeral Home/Mortuary Service/Transport Service

Funeral Home/Mortuary Service Information:

Address: 13200 Pond Springs Rd. E-36 City: Austin State: TX Zip Code: 78729

Phone No: 512-441-3114 Fax No: 512-276-6761

This form authorizes the above named Funeral Home/Mortuary Service, or its designated agents, to remove the above named deceased to their place of business to care for, and/or prepare for disposition in accordance with professional standards.

The above named Funeral Home/Mortuary Service is authorized to receive the valuables associated with the deceased: Yes () No ()

X Signature: _____

X Print Name: _____

X Title or Relationship to deceased: _____

This form must be submitted to Central Texas Autopsy, PLLC, prior to or upon removal of the deceased from our premises.