



TRAVIS COUNTY MEDICAL EXAMINER



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

Body Release to Funeral Home

DATE _____

FAX: (512) 854-8792

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

X Signature: _____

X Print Name: _____

X Relationship: _____

RELEASE HOURS ARE MONDAY – FRIDAY 8:00AM TO 4:00PM AND SATURDAY – SUNDAY 12:00PM – 4:00PM

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