



MEDICAL EXAMINER OFFICE

FORT BEND COUNTY, TEXAS

STEPHEN PUSTILNIK, M.D.
CHIEF MEDICAL EXAMINER

AUTHORIZATION TO RELEASE BODY TO FUNERAL HOME

Date	ME Case #
Decedent's Name	Date of Death

Funeral Home Name	Fax/Email
Director's Name	Phone
Address	
<p>The above named Funeral Home is authorized to receive personal property. Please check one below:</p> <p><input type="checkbox"/> Yes, Personal property of the deceased shall be released to funeral home.</p> <p><input type="checkbox"/> No, Personal property of the deceased shall not be released to funeral home. I will pick up personal property within 24 Hours at the Medical Examiner's Office.</p>	

With this signature, I attest and affirm that I am the legal next of kin as defined by the Texas Health and Safety Code § 711.002 as state below in descending order of priority. Please check the one that applies:

(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

(6) any one or more of the duly qualified executors or administrators of the decedent's estate

(7) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent

SIGNATURE OF NEXT OF KIN

PRINT NAME/TELEPHONE

RELATIONSHIP TO DECEDENT

DATE SIGNED

