

Central Texas Autopsy, PLLC
1515 S. Commerce St.
Lockhart, TX 78644-4010
512-398-4974
512-398-4975 fax

Body Removal Permit

DATE: _____

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

_____ (DOB: _____) to:

Legends Tri-County Funeral Services

Name of Funeral Home or Mortuary Service

Funeral Home/Mortuary Service Information:

Address: **101-B Centerpoint Rd.** City: **San Marcos** State: **TX** Zip Code: **78666**

Phone No: **512-256-1220** Fax No: **512-692-1919**

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 ()

Signature: _____

Print Name: _____

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.