

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

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## Body Removal Permit

DATE: \_\_\_\_\_

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

\_\_\_\_\_ (DOB: \_\_\_\_\_) to:

### Legends Funeral Home

\_\_\_\_\_  
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.**