



HARRIS COUNTY INSTITUTE OF FORENSIC SCIENCES

**Autopsy Information/Release and Funeral Director's Authorization to Claim Form**

In accordance with state law, the Harris County Institute of Forensic Sciences will perform an inquest or autopsy to determine the cause and manner of death of the decedent. If an autopsy is performed, certain organs and tissue are removed for necessary examination and testing. Upon completion of examination and testing, any organs and tissue kept by the Harris County Institute of Forensic Sciences will be disposed of in accordance with health and safety guidelines.

RELEASE OF DECEDENT AND PERSONAL EFFECTS

Case number: \_\_\_\_\_ Name of the decedent: \_\_\_\_\_

I, \_\_\_\_\_, bearing the relationship of \_\_\_\_\_, acknowledge that I am the legal next of kin and authorize the Harris County Institute of Forensic Sciences to release the decedent named below and his or her personal effects in the possession of the Institute of Forensic Sciences to \_\_\_\_\_ (Funeral Home) or its agent upon presentation of a current state-issued funeral director or embalmer license and valid government-issued identification.

THIS IS A GOVERNMENTAL RECORD AS DEFINED BY TEXAS PENAL CODE SECTION 37.10. BY SIGNING THIS DOCUMENT, I REPRESENT THAT I KNOW THE IDENTITY OF THE DECEDENT AND THE DECEDENT'S RELATIVES, THAT DECEDENT LEFT NO DIRECTIONS IN WRITING FOR THE DISPOSITION OF THE REMAINS, AND THERE IS NO OTHER PERSON WITH A PRIORITY OF RIGHT TO THE REMAINS LISTED BEFORE ME IN TEXAS HEALTH & SAFETY CODE SECTION 711.002. I RELEASE ANY PERSON WHO ACTS IN RELIANCE ON A COPY OF THIS DOCUMENT FROM ANY LIABILITY, AND ACKNOWLEDGE THAT I AM LIABLE UNDER TEXAS HEALTH & SAFETY CODE SECTION 711.002. FOR ALL DAMAGES THAT RESULT, DIRECTLY OR INDIRECTLY, FROM MY REPRESENTATIONS AND SIGNATURE. ANY DISPUTE AMONG THE DECEDENT'S NEXT OF KIN CONCERNING THE RIGHT TO CONTROL THE DISPOSITION OF DECEDENT'S REMAINS MUST BE RESOLVED AMONG THOSE PERSONS BY A COURT OF COMPETENT JURISDICTION.

**Printed Name and Signature of Next of Kin**

Next-of-kin printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date signed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Witness printed name: \_\_\_\_\_ Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ Date signed: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

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Decedent transported by: \_\_\_\_\_ FD/Emb Lic. #: \_\_\_\_\_

\* All persons arriving to transport decedents will be required to present a valid state-issued funeral director or embalmer license and valid government-issued identification.