From: MEDICAL EX \MINER

## THE COUNTY OF GALVESTON MEDICAL EXAMINER'S OFFICE

6607 HIGHWAY 1764 TEXAS CITY, TEXAS 77591 Phone: 409-935-9274 Fax: 409-935-8305

## **AUTHORIZATION TO RELEASE BODY**

Full Name of Decedent:	First	Middle	Last	
Age:	Race:Sex:			
Address of Decedent:	magnetic control of the state o			
The Legal Next of Kin to the d	ecedent according t	to the priority order list below	1 7	
(Name of legal next of kin)	in) (Relationship to decedent)			
Address and phone number o				
I (we), being the legal next of i		ority list below, release the bo	ody to:	
				_ Funeral Home
Phone # of Funeral Home:		Fax # of Funeral Home:		
Address of funeral home:			•	
Signature of Next of Kin:			Date:	
Witness to signature above: Funeral home repres		entative Date:		
With this signature, I attest and				
Priority Order of Next of Kin (	Texas Health & Safe	ety Code 711.002)		
Person designated in a wri (if yes, attach the document)	itten instrument signed nt(s)). If you answered	by the decedent. ( ) Yes ( ) Nono;	lo	
2. The decedent's surviving s	spouse. ( ) Yes ( )	No if you answered no;		
3. Any one of the decedent's	surviving adult childre	n. ( ) Yes ( ) No If you answe	red no;	
4. Either one of the deceden	it's surviving parents. (	) Yes ( ) No If you answered I	no;	
5. Any one of the decedent's	s surviving adult sibling	s. ( ) Yes ( ) No If you answer	ed no;	
<ol> <li>Any adult person in the notion</li> <li>Yes ( ) No</li> <li>(If yes, please submit the</li> </ol>		the order named by law to inherit tweered no;	the estate of decedent.	
7. Person(s) handling remain	ns other than legal next	of kin (send letter explaining situal	tion). ( ) Yes ( ) No	