



OFFICE OF CHIEF MEDICAL EXAMINER
TARRANT COUNTY, TEXAS

200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone (817) 920-5700 Fax (817) 920-5713

Date: _____

This authorizes the Office of Chief Medical Examiner of Tarrant County, Texas, to deliver the remains of _____ to the _____
_____ North Dallas _____ funeral home.

Please complete funeral home information below:

Address: 2710 Valley View Lane City: Farmers Branch
Phone # 972-241-9100 Fax # 972-406-1480 State Tx Zip 75234

Authorization is also given to the above named funeral home, or its designated agents, to remove the said deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

Funeral Home is authorized to receive valuables: () yes () no

Signature

Printed Name

Relationship _____

Note: Cash over \$50.00 must be picked up in person by next-of-kin.