



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**
5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214
REPLY TO:
P.O. BOX 35728

Office of the Medical Examiner

M.E. Case # _____

This authorizes the Institute of Forensic Sciences, Dallas, Texas to release the remains and the personal effects of

_____ to the ~~State of Texas~~ Funeral Home or their agent.

During the investigation by the Medical Examiners Office you may obtain information about the option of donating tissues for transplantation by contacting your funeral director or Transplant Services at 214-648-2609 or 800-433-6667.

Signature of next-of-kin

Printed Name/Telephone #

Relationship of next-of-kin or other person legally entitled to control disposition of remains

Date Signed
