

THE COUNTY OF GALVESTON MEDICAL EXAMINER'S OFFICE

1205 Oak St.
La Marque, TEXAS 77568
Phone: 409-770-5236 Fax: 409-770-5239

AUTHORIZATION TO RELEASE BODY

Full Name of Decedent: _____
 First Middle Last

Age: _____ Race: _____ Sex: _____

Address of Decedent: _____

The Legal Next of Kin to the decedent according to the priority order list below:

(Name of legal next of kin) (Relationship to decedent)

Address and phone number of legal next of kin:

I (we), being the legal next of kin according to priority list below, release the body to:

_____ Funeral Home.

Phone # of Funeral Home: _____ Fax # of Funeral Home: _____

Address of funeral home: _____

Signature of Next of Kin: _____ Date: _____
 Person handling remains

Witness to signature above: _____ Date: _____
 Funeral home representative

With this signature, I attest and affirm that I (we), am (are) the legal next of kin according to priority list below:

Priority Order of Next of Kin (Texas Health & Safety Code 711.002)

1. Person designated in a written instrument signed by the decedent. () **Yes** () **No**
(if yes, attach the document(s)). If you answered no;
2. The decedent's surviving spouse. () **Yes** () **No** If you answered no;
3. Any one of the decedent's surviving adult children. () **Yes** () **No** If you answered no;
4. Either one of the decedent's surviving parents. () **Yes** () **No** If you answered no;
5. Any one of the decedent's surviving adult siblings. () **Yes** () **No** If you answered no;
6. Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent.
() **Yes** () **No**
(If yes, please submit the paperwork). If you answered no;
7. Person(s) handling remains other than legal next of kin (send letter explaining situation). () **Yes** () **No**