

## OFFICE OF THE CHIEF MEDICAL EXAMINER TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT

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

	Date:				
This authorizes the Tarrant Cou	nty Medical Examin	er's District, F	Fort Worth,		
Texas, to release the remains o	f:				
to the	funeral home.				
Please complete funeral home i	nformation below:				
Address:	Ci	ty:	:		
Phone:	Fax:	State/2	State/ZIP:		
Authorization is also given to the to remove the said deceased to disposition in accordance with p	o their place of bus	iness to care			
Funeral home is authorized to re	eceive valuables:	Yes	No		
				Signature	
			Print	ed Name	
		Rela	ationship to d	deceased	

Note: Cash over \$100.00 must be picked up in person by decedent's next-of-kin.