



LUBBOCK COUNTY MEDICAL EXAMINER

Charles Addington, D.O.
Chief Administrative Medical Examiner

RELEASE OF REMAINS FORM

This authorizes the Lubbock County Medical Examiner's Office, Lubbock County, Texas to release the remains of _____, _____,
Name of Deceased as it appears on **Driver's License / Social Security Card** Date of Death

To the _____ located at _____,
Name of Facility Address of Facility

In _____, _____, _____.
City State Zip

Authorization is also given to the above-named facility, or its designated agents, to remove the Deceased to their place of business to care for and prepare for disposition in accordance with professional standards and applicable law.

☐ (Check if applicable) If other than the above listed facility, this authorization gives the following agent permission to remove the body of the Deceased from the Lubbock County Medical Examiner's Office.

Agent's Business Name Agent's Business Address Agent's Business Phone

The authorized transport and/or funeral home is authorized to receive valuables / personal effects of the deceased.

I certify, under penalty of perjury, that I am the _____ (relationship of legal next of kin or judicial authority) of the Deceased and it is my legal right to control the disposition of the remains referenced above. I hereby release and hold harmless Lubbock County and its employees from all loss, damages, liability, or cause of action (including but not limited to attorney's fees and costs of litigation) in connection with the release of the remains of the Deceased as authorized herein.

LEGAL NEXT OF KIN or JUDICIAL AUTHORITY

Authorized Printed Name Authorized Signature Phone Number

State Driver's License or ID # or other Date

FACILITY REPRESENTATIVE

Facility Representative Printed Name Facility Representative Signature Phone Number Date

Witness Printed Name Witness Signature Phone Number Date