BEXAR COUNTY MEDICAL EXAMINER'S OFFICE

D. KIMBERLEY MOLINA, M.D.
CHIEF MEDICAL EXAMINER

7337 Louis Pasteur Drive, San Antonio, Texas 78229-4565
(210) 335-4011 FAX (210) 335-4091 or (210) 335-4021

"Accredited by the National Association of Medical Examiners"

AUTHORIZATION TO RELEASE REMAINS

TO: Bexar County Medical Examiner's Office

FROM: Heritage Oaks Mortuary / Olinger-Saenz Mortuary
(Funeral Home Name)

DATE: _____

I, _____, hereby certify and represent that I am the person who has the legal right to control the disposition of remains of the below named individual and further attest that there are no legal actions against me that would otherwise prevent me from being permitted to control the disposition of said remains.

_____ _____
Name of Decedent as it appears on Social Security Card or birth certificate — Decedent's Date of Birth

_____ _____
Other names used (AKAs) — Social Security Number

Furthermore, I, the undersigned, agree to release the Bexar County Medical Examiner's Office from any liability on account of the said authorization.

It is my desire and request that you release the personal effects and the remains of the above named decedent to _____ or their agent.
(Name of Funeral Home)

Name:_____ Relationship to decedent:_____

Signature: _____

Address: _____

_____

Telephone Number: _____

Witnessed by: _____ Date:_____

Revised: 08/08/2024