



MEDICAL EXAMINER OFFICE

FORT BEND COUNTY, TEXAS



STEPHEN PUSTILNIK, M.D.
CHIEF MEDICAL EXAMINER

Authorization of Next of Kin to Release Decedent/Personal Effects to Funeral Director
If an autopsy is performed, certain organs and tissue are removed for necessary examination and testing. Upon completion of examination and testing, any organs and tissue kept by the Fort Bend Medical Examiner Office will be disposed of in accordance with health and safety guidelines.

Case Number: _____ Name of Decedent: _____

Priority Class of Next of Kin as defined by Texas Health & Safety Code §711.002

1. PERSON DESIGNATED IN A WRITTEN INSTRUMENT SIGNED BY THE DECEDENT;
2. DECEDENT'S SURVIVING SPOUSE;
3. ANY ONE OF THE DECEDENT'S SURVIVING ADULT CHILDREN;
4. EITHER OF THE DECEDENT'S SURVIVING PARENTS;
5. ANY ONE OF THE DECEDENT'S SURVIVING ADULT SIBLINGS; or
6. ANY ONE OR MORE OF THE DULY QUALIFIED EXECUTORS OR ADMINISTRATORS OF THE DECEDENT'S ESTATE; OR
7. ANY ADULT PERSON IN THE NEXT DEGREE OF KINSHIP IN THE ORDER NAMED BY THE LAW TO INHERIT THE ESTATE OF THE DECEDENT

Release of Decedent/Personal Effects and Next of Kin Acknowledgement

I, _____, bearing the relationship of _____, to the decedent attest that I am the legal next of kin, as defined above by Texas Health & Safety Code §711.002 and that there is no other person with a priority of right to control the disposition of the decedent's remains listed before me. I hereby authorize the Fort Bend Medical Examiner Office to release the decedent named above and any personal effects in the possession of the Fort Bend Medical Examiner to the below named Funeral Home / Transport Service or its agent.

THIS IS A GOVERNMENTAL RECORD AS DEFINED BY TEXAS PENAL CODE SECTION 37.10. BY SIGNING THIS DOCUMENT, I REPRESENT THAT I AM THE NEXT OF KIN AND THERE IS NO OTHER PERSON WITH A PRIORITY OF RIGHT TO CONTROL THE DISPOSITION OF THE REMAINS LISTED BEFORE ME. I AGREE TO INDEMNIFY AND HOLD HARMLESS FORT BEND COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ALL CLAIMS OF ANY CHARACTER, TYPE OR DESCRIPTION, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT AND RELEASE ANY PERSON WHO ACTS IN RELIANCE ON THIS DOCUMENT FROM ANY LIABILITY, AND ACKNOWLEDGE THAT I AM LIABLE FOR ALL DAMAGES THAT RESULT, DIRECTLY OR INDIRECTLY, FROM MY REPRESENTATIONS AND SIGNATURE. ANY DISPUTE AMONG THE DECEDENT'S NEXT OF KIN CONCERNING THE RIGHT TO CONTROL THE DISPOSITION OF DECEDENT'S REMAINS MUST BE RESOLVED AMONG THOSE PERSONS BY A COURT OF COMPETENT JURISDICTION. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY FAMILY, ESTATE, HEIRS AND ASSIGNS.

Funeral Home name: _____ Telephone _____ # _____

Address: _____ Director: _____

Next of Kin Signature: _____ Date: _____

Next of Kin address: _____ Telephone #: _____

Witness name: _____ Witness signature: _____

Witness address: _____ Telephone #: _____

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