RELEASE OF REMAINS

This authorizes the Lubbock County Medica	I Examiner's Office, Lu	bbock County,	Texas to release th	e remains
Of(Name of Deceased)		_,		, to
(Name of Funeral Home)	located at			,
			ss of Funeral Home)	
in <u>ciy</u>	.)	,	-•	
Authorization is also given to the above-nar their place of business to care for, and prepapplicable law.	ned funeral home, or its	designated a	gents, to remove the professional standa	e Deceased to ards and
(Check if applicable.) If other than the permission to remove the body of the Dece	above listed funeral hor ased from the Lubbock	ne, this author County Medic	ization gives the foll al Examiner's Office	lowing agent e.
Agent's Business Name	Agent's Business Address		Agent's Business Phone	
The authorized agent for this funeral home Yes No				
I certify, under penalty of perjury, that I am next of kin or judicial authority) of the Dece referenced above. I hereby release and ho damages, liability or cause of action (include with the release of the remains of the Dece	ased and it is my legal Id harmless Lubbock Co ling, but not limited to a	right to control ounty and its e ttorney's fees	the disposition of the mployees from any	ie remains and all loss,
LEGAL NEXT OF KIN or J	UDICIAL AUT	HORITY:		
Authorized Signature	Authorized Printed Name		Phone Number	Date
State Orivers License or ID # or Other				
FUNERAL DIRECTOR:			 _	
Funeral Director Signature	Funeral Oirector Printed Nam	e	Phone Number	Date
WITNESS:				
Witness Signature	Witness Printed Name	 	Phone Number	Date

Phone (806) 687-9434