

**South Plains Forensic Pathology, PA**

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**RELEASE OF REMAINS**

This authorizes the South Plains Forensic Pathology of Lubbock, Texas, to release the remains of

\_\_\_\_\_, ("Deceased"), who expired on \_\_\_\_\_  
\_\_\_\_\_, to the \_\_\_\_\_ Miller Family \_\_\_\_\_ Funeral Home at  
Address \_\_\_\_\_ 200E 37TH Street \_\_\_\_\_ City \_\_\_\_\_ Snyder \_\_\_\_\_  
State \_\_\_\_\_ TX \_\_\_\_\_ Zip Code \_\_\_\_\_ 79549 \_\_\_\_\_ Phone # \_\_\_\_\_ 325-573-6200 \_\_\_\_\_ Fax # \_\_\_\_\_ 325-573-6201

Authorization is also given to the above named funeral home, 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.

Funeral Home is authorized to receive valuables: ( ) yes ( ) no

I certify that I am the \_\_\_\_\_ of the Deceased and it is my legal right to control the disposition of the remains referenced above. I hereby release and hold harmless South Plains Forensic Pathology and its employees from any and all loss, damages, liability or cause of action (including, but not limited to attorney's fees and cost of litigation) in connection with the release of the remains of the Deceased as authorized herein.

\_\_\_\_\_  
Authorized Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Relationship to Deceased\_\_\_\_\_  
Printed Name\_\_\_\_\_  
State/Driver's License #\_\_\_\_\_  
First Witness\_\_\_\_\_  
Second Witness\_\_\_\_\_  
Printed Name\_\_\_\_\_  
Printed Name