



Office of the Medical Examiner

**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214

FAX NUMBER
214-920-5908

M.E. Case # _____

This authorizes the Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of
_____ to the _____ Funeral Home or
their agent.

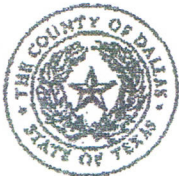
During the investigation by the Medical Examiners Office you may obtain information about the option of donating
tissues for transplantation by contacting your funeral director or Transplant Services at 214-648-2609 or
800-433-6667.

Signature of next of kin

Funeral Home telephone #

Relationship of next-of-kin or other person legally entitled
to control disposition of remains

Date Signed



Oficina del Medico Forense

**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
(Instituto de Medicina Legal)
AT DALLAS**

5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214

M.E. Case # _____

Por medio de la presente se autoriza al Instituto de Medicina Legal, Dallas, Texas, entregar los restos y las
pertenencias de _____ a la funeraria _____ o su
agente.

Mientras que el Medico Forense hace sus exámenes, usted puede informarse sobre la opción de donar
tejidos del finado para transplantarse por consultar con el director de la funeraria o avisar a Servicios de
Transplante numero 214-648-2609 o 800-433-6667.

Firma de pariente inmediato

Nombre en letra de molde / # Telefonico

Relacion de parentesco/Capacidad legal
para disponer de los restos del difunto

Fecha de firma