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### Forensic Medical Management Services of Texas, P.A.

#### Release of Decedent and Personal Effects

Forensic Medical of Texas has been requested to perform a complete autopsy on the decedent named below to determine cause and manner of death. During autopsy certain organs are removed and specimens may be retained as deemed necessary. Upon completion of examination and testing FMMS has been authorized to dispose of any retained organs and tissues in accordance with local health and safety guidelines.

Case number: \_\_\_\_\_ Name of the Decedent: \_\_\_\_\_

I, \_\_\_\_\_, bearing the relationship of \_\_\_\_\_, acknowledge that I am the **legal next of kin** as defined by the *Texas Health & Safety Code Section §711.002*. I hereby authorize FMMS of TX to release the decedent named above as well as any and all personal effects not retained as evidence to \_\_\_\_\_ (Funeral Home) or its agent or representative, for burial or other arrangements as may be requested by the family.

**NOTE: Any photo or government identification will be retained and returned to the issuer.**

Texas Health & Safety Code Section §711.002 DISPOSTION OF REMAINS; DUTY TO INTER: By my signature I am legally swearing that the decedent left no directions in writing for the disposition of the remains, and there is no other person with a priority of right to the remains listed before me per the Code Section §711.002. I release any person who acts on information provided by this document from any liability and acknowledge that I am liable under Texas Health & Safety Code Section §711.002 for all damages that result directly or indirectly from my representation and signature. Any dispute among the decedent's next of kin concerning the right to control the disposition of the remains must be resolved among those persons by a court of competent jurisdiction.

Next of Kin Name: \_\_\_\_\_  
(Print) (Signature)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone # (include area code): \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
(Print) (Signature)  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Phone # (include area code): \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

**Complete the information below at the time of release**

**\*All persons arriving to transport decedents will be required to present a valid government-issued identification**

Funeral Home notified by : \_\_\_\_\_ Date/Time: \_\_\_\_\_  
F.H. Representative: \_\_\_\_\_  
Print Name Signature  
FMMS Representative: \_\_\_\_\_ Date/Time: \_\_\_\_\_