



**SOUTHWESTERN
INSTITUTE OF FORENSIC
SCIENCES
AT DALLAS**

Telephone 214-920-5900
5230 Southwestern Medical Ave.
DALLAS, TEXAS 75235
(214) 920-5908 - Fax

OFFICE OF THE MEDICAL EXAMINER

M.E. Case # _____

This authorizes the Southwestern Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of _____ to the _____
_____ Funeral Home, or their agent at the telephone number of (____) - ____ - ____.

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

Printed Name/Telephone Number

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

Date Signed