THE COUNTY OF GALVESTON MEDICAL EXAMINER'S OFFICE

6607 HIGHWAY 1764
TEXAS CITY, TEXAS 77591
Phone: 409-935-9274 Fax: 409-935-8305

AUTHORIZATION TO RELEASE BODY

Full Name of Decedent: _____
First Middle Last

Age: _____ Race: _____ Sex: _____

Address of Decedent: _____

The Legal Next of Kin to the decedent according to the priority order list below:

_____
(Name of legal next of kin) (Relationship to decedent)

Address and phone number of legal next of kin:

_____

I (we), being the legal next of kin according to priority list below, release the body to:

_____ Funeral Home.

Phone # of Funeral Home: _____ Fax # of Funeral Home: _____

Address of funeral home: _____

Signature of Next of Kin: _____ Date: _____
Person handling remains

Witness to signature above: _____ Date: _____
Funeral home representative

With this signature, I attest and affirm that I (we), am (are) the legal next of kin according to priority list below:

Priority Order of Next of Kin (Texas Health & Safety Code 711.002)

1. Person designated in a written instrument signed by the decedent. ( ) Yes ( ) No
   (If yes, attach the document(s)). If you answered no;
2. The decedent's surviving spouse. ( ) Yes ( ) No If you answered no;
3. Any one of the decedent's surviving adult children. ( ) Yes ( ) No If you answered no;
4. Either one of the decedent's surviving parents. ( ) Yes ( ) No If you answered no;
5. Any one of the decedent's surviving adult siblings. ( ) Yes ( ) No If you answered no;
6. Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent.
   ( ) Yes ( ) No
   (If yes, please submit the paperwork). If you answered no;
7. Person(s) handling remains other than legal next of kin (send letter explaining situation). ( ) Yes ( ) No