



**OFFICE OF THE CHIEF MEDICAL EXAMINER
TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT**

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone: 817-920-5700 Fax: 817-920-5713**

Date: _____

This authorizes the Tarrant County Medical Examiner's District, Fort Worth,
Texas, to deliver the remains of: _____
to the _____ funeral home.

Please complete funeral home information below:

Address: _____ City: _____


Phone: _____ Fax: _____ State/ZIP: _____

Authorization is also given to the above named funeral home, or its designated agents, to remove the said deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

Funeral home is authorized to receive valuables: () Yes () No

Signature

Printed Name

Relationship to deceased 

Note: Cash over \$50.00 must be picked up in person by decedent's next-of-kin.

