



**TRAVIS COUNTY OFFICE  
OF THE MEDICAL EXAMINER**

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**J. KEITH PINCKARD, MD, PhD**  
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CHIEF MEDICAL EXAMINER

**Body Release to Funeral Home**

DATE \_\_\_\_\_

**FAX: (512) 854-9862**

This authorizes the Medical Examiner's Office, Travis County, Texas, to release the remains of \_\_\_\_\_ to \_\_\_\_\_ Funeral Home

And \_\_\_\_\_ Mortuary Service if applicable.

Please complete Funeral Home information below:

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

**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.**

The above named Funeral Home is authorized to receive personal property: Yes No

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**SUBMIT THIS DOCUMENT TO THE MEDICAL EXAMINER'S OFFICE UPON  
REMOVAL OF THE DECEASED.**