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Forensic Medical Management Services

Release of Decedent and Personal Effects

Tyler
11980 Highway 155 North
Tyler TX 75708
Phone: (903) 877-3800
Fax: (903) 877-3880

Case number: _____ Name of Decedent: _____

I, _____ bearing the relationship of said legal next of kin for the decedent named above, in the relationship of _____, as defined by the Texas Health & Safety Code 711.002 (see below).

I hereby authorize Forensic Medical to release the decedent named above as well as any and all personal effects not retained as evidence to _____ (Funeral Home) or it's agent or representative, for burial or other arrangements as may be requested by the authorized legal next of kin.

Transporting agency (if different from said funeral home) _____.

Texas Health and Safety Code 711.002 — Disposition of Remains; Duty to Inter:

(a) Except as provided by Subsection (l), unless a decedent has left directions in writing for the disposition of the decedent's remains as provided in Subsection (g), the following persons, in the priority listed, have the right to control the disposition, including cremation, of the decedent's remains, shall inter the remains, and in accordance with Subsection (a-1) are liable for the reasonable cost of interment: (1) the person designated in a written instrument signed by the decedent; (2) the decedent's surviving spouse; (3) any one of the decedent's surviving adult children; (4) either one of the decedent's surviving parents; (5) any one of the decedent's surviving adult siblings; (6) any one or more of the duly qualified executors or administrators of the decedent's estate; or (7) any adult person in the next degree of kinship in the order named by law to inherit the estate of the decedent. (8) If after the tenth day the legal next of kin has failed to make final arrangements, the control of the disposition is terminated, and can be passed to the next legal next of kin in the order of priority; (9) If after the tenth day no legal next of kin is willing to take care of the disposition of the remains, then any person that is willing to pay for the disposition of the remains can do so. Please note that in this situation you must inform the Justice of the Peace and get their approval in writing.

Legal next of kin name: _____
(Print) (Signature)

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: () _____ Alternate Phone: () _____

Witness Name: _____
(Print) (Signature)

Street Address: _____ City: _____ State: _____ Zip: _____

All persons arriving to transport decedents hereby acknowledged and have verified the identity of the remains of decedent*

Funeral Home notified by: _____ Date/Time: _____

Funeral Home Representative: _____
(Print Name) (Signature)

FMMS Representative: _____ Date/Time: _____