



Harris County
Community Services Department
Social Services Division

9418 Jensen Drive • Houston, Texas 77093-6821
(713) 696-7900 • Fax (713) 694-5960

**Funeral Director's Authorization to Claim and
Release Decedent and Personal Effects**

I, _____, am related to the decedent, as (select one)
_____ sister _____ brother _____ spouse _____ other (specify) _____.

I am the next of kin and authorize Harris County Social Services to release the Decedent named below and his or her personal effects to _____, a private licensed contracting entity (funeral home, mortuary service, donor service, etc.), or its agent for burial or for other arrangements as may be requested by the family.

I understand that the private licensed contracting entity is to reimburse Harris County (through our current contracting vendor) \$250.00 for the first-call removal, \$400.00 if the body has been embalmed. I understand that if the private licensed contracting entity (funeral home, mortuary service, donor service, etc.) does not pay our current vendor **at the time of removal**, Harris County Social Services will take all necessary legal action against the private licensed contracting entity to secure reimbursement including all legal fees, cost and other expenses.

Name of Decedent: _____

Race: _____ Sex: _____

Date of Birth: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Signature and printed name of next of kin

✕ _____
(Signature)

(Print)

Telephone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Today's Date: ____ / ____ / ____ Time: _____ (a.m.) (p.m.)