

**THE COUNTY OF GALVESTON
MEDICAL EXAMINERS 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

This name is what will appear on the death certificate

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 telephone number of legal next of kin:

I (we), being the legal next of kin according to priority list below, release the body to:
_____ aCremation _____ Funeral Home.

Telephone # of F.H. 877-353-3626 Fax # of F.H. 214-785-6163

Address of funeral home: Southeast Texas Crematory, 406 Rankin Cir N, Houston, TX 77073

Signature of Next of Kin: _____ Date: _____

Witness to signature above: _____ Date: _____

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.) 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 adult person in the next degree of kinship in the order named by law to inherit the estate of decedent.