



TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.co.travis.tx.us/medical_examiner

DATE: _____

FAX: (512) 854-9862

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

_____, to _____ a Cremation _____ Funeral Home
and _____ Capital _____ Mortuary Service, if applicable.

Please complete Funeral Home information below:

Address: _____ 201 Victor Street _____ City: _____ Austin _____ State: TX

Zip Code: 78753

Phone #: 512-428-8233

Fax #: 214-785-6163

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 valuables: () Yes () No

Signature: _____

Print Name : _____

Relationship: _____

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