

 **Lone Star Autopsy LLC**

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RELEASE FORM

Name of deceased: _____

I, We _____
(nearest kin)

Address _____ City _____ State _____ Zip Code _____

telephone number _____, bearing the relationship of _____
_____ to the decedent named above, do hereby authorize
(nearest kin)

Lone Star Autopsy LLC or designee to release the body of the above named decedent, after completion of the autopsy, to the funeral home listed below:

_____ funeral home.

Funeral home telephone # _____ Fax # _____

Signature: _____ Date: _____

*** ORDER OF NEXT OF KIN**

1. Spouse
2. Adult Child
3. Guardian or court having care of minor child
4. A parent
5. A legal guardian
6. The next of kin (other relative)

(Ref: Texas Code of Criminal Procedure Art. 49.13)