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:

_____ Funeral Home.

Telephone # of F.H. _____ Fax # of F.H. _____

Address of funeral home: _____

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 adults siblings
(6.) Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent