



Office of the Medical Examiner

**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**
5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214
REPLY TO:
P.O. BOX 35728

M.E. Case # _____

This authorizes the Institute of Forensic Sciences, Dallas, Texas to release the remains and the personal effects of

_____ to the Complete Care Cremation Funeral Home or
their agent.

During the investigation by the Medical Examiners Office you may obtain information about the option of donating tissues for transplantation by contacting your funeral director or Transplant Services at 214-648-2609 or 800-433-6667.

_____ Signature of next-of-kin	_____ Printed Name/Telephone #
_____ Relationship of next-of-kin or other person legally entitled to control disposition of remains	_____ Date Signed

EMAIL TO: INFO@CREMATION-TX.COM OR FAX TO: 469-533-4822