



**OFFICE OF THE CHIEF MEDICAL EXAMINER
TARRANT COUNTY MEDICAL EXAMINER'S DISTRICT**

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone: 817-920-5700 Fax: 817-920-5713**

Date: _____

This authorizes the Tarrant County Medical Examiner's District, Fort Worth,
Texas, to deliver the remains of: _____

to the Complete Care Cremation, LLC funeral home. Please
complete funeral home information below:

Address: 1720 Neal Gay Dr Ste 2D City: Mesquite

Phone: 972-439-5070 Fax: 469-533-4822 State/ZIP: TX 75149

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.

Funeral home is authorized to receive valuables: Yes No

Signature

Printed Name

Relationship to deceased

Note: Cash over \$50.00 must be picked up in person by decedent's next-of-kin.

ME-23
GPC-1953
Rev. 10/09

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