



**SOUTHWESTERN  
INSTITUTE OF FORENSIC  
SCIENCES  
AT DALLAS**

Telephone 214-920-5900  
5230 Southwestern Medical Ave.  
DALLAS, TEXAS 75235  
(214) 920-5908 - Fax

**OFFICE OF THE MEDICAL EXAMINER**

M.E. Case # \_\_\_\_\_

This authorizes the Southwestern Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of \_\_\_\_\_ to the \_\_\_\_\_  
\_\_\_\_\_ Funeral Home, or their agent at the telephone number of (\_\_\_\_) \_\_\_\_\_.

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 Number

\_\_\_\_\_  
Relationship of next-of-kin or other person legally entitled  
to control disposition of remains

\_\_\_\_\_  
Date Signed



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**OFICINA DEL MEDICO FORENSE**

M.E. Case # \_\_\_\_\_

Por medio de la presente se autoriza al Instituto de Medicina Legal, Dallas, Texas, entregar los restos y las pertenencias de \_\_\_\_\_ a la funeraria \_\_\_\_\_  
\_\_\_\_\_ o su agente numero de telefono (\_\_\_\_) \_\_\_\_\_.

Mientras que el Medico Forense hace sus examenes, usted puede informarse sobre la opcion de donar tejidos del finado para transplantarse por consultar con el director de la funeraria o avisar a Servicios de Transplante numero (214)-648-2609 o al numero (800)-433-6667.

\_\_\_\_\_  
Firma de pariente inmediato

\_\_\_\_\_  
Nombre en letra de molde/ # Telefonico

\_\_\_\_\_  
Relacion de parentezco/Capacidad legal  
Para disponer de los restos del difunto

\_\_\_\_\_  
Fecha de firma