



**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 \_\_\_\_\_ funeral home.

Please complete funeral home information below:

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ State/ZIP: \_\_\_\_\_

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.