

FAX to (512) 233-2612 or
Scan and email to office@centraltexascremation.com



**TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER**

1213 Sabine Street PO Box 1748 Austin, TX 78767
Tel: (512) 854-9599 Fax: (512) 854-9044
www.co.travis.tx.us/medical_examiner

DAVID DOLINAK, MD
Diplomate of American Board of Pathology
CHIEF MEDICAL EXAMINER

SATISH CHONDURU, DO
Diplomate of American Board of Pathology
DEPUTY CHIEF MEDICAL EXAMINER

KENDALL CROWNS, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

LETISEA WOOD, MD
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

VICKIE WILLOUGHBY, DO
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

DATE: _____

This authorizes the Medical Examiner's Office, Travis County, Texas, to release the remains of

_____, to _____ Funeral Home
and _____ Mortuary Service, if applicable.

Please complete Funeral Home information below:

Address: _____ City: _____ State: _____
Zip Code: _____

Phone #: _____ Fax #: _____

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.

The above named Funeral Home is authorized to receive personal property: () Yes () No

Signature: _____

Print Name: _____

Relationship: _____

SUBMIT THIS DOCUMENT TO THE MEDICAL EXAMINER'S OFFICE UPON REMOVAL OF THE DECEASED