



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**

5230 Medical Center Drive  
Dallas, Texas 75235-0728

TELEPHONE 920-5900  
AREA CODE 214

FAX 920-5908

Office of the Medical Examiner

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

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

**To North Texas Funerals and Cremations 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  
entitled to control disposition of remains

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