

Sridhar Natarajan, M.D., M.S.
Director / Chief Medical Examiner

**LUBBOCK
COUNTY
MEDICAL
EXAMINER**

Masahiko Kobayashi, M.D., Ph.D.
Deputy Medical Examiner



RELEASE OF REMAINS

This authorizes the Lubbock County Medical Examiner's Office, Lubbock County, Texas to release the remains of _____, _____, to the _____ located at _____, in _____, _____, _____.

(Name of Deceased) (Date of Death)
(Name of Funeral Home) (Address of Funeral Home)
City State Zip

Authorization is also given to the above-named funeral home, or its designated agents, to remove the Deceased to their place of business to care for, and prepare for disposition in accordance with professional standards and applicable law.

(Check if applicable.) If other than the above listed funeral home, this authorization gives the following agent permission to remove the body of the Deceased from the Lubbock County Medical Examiner's Office.

Agent's Business Name Agent's Business Address Agent's Business Phone

The authorized agent for this funeral home is authorized to receive valuables / personal effects of the deceased:

Yes No

I certify, under penalty of perjury, that I am the _____ (relationship of legal next of kin) of the Deceased and it is my legal right to control the disposition of the remains referenced above. I hereby release and hold harmless Lubbock County and its employees from any and all loss, damages, liability or cause of action (including, but not limited to attorney's fees and costs of litigation) in connection with the release of the remains of the Deceased as authorized herein.

LEGAL NEXT OF KIN:

Authorized Signature Authorized Printed Name Phone Number Date

State Drivers License or ID #

FUNERAL DIRECTOR:

Funeral Director Signature Funeral Director Printed Name Phone Number Date

WITNESS:

Witness Signature Witness Printed Name Phone Number Date