## THE COUNTY OF GALVESTON MEDICAL EXAMINER'S OFFICE

1205 Oak St. La Marque, TEXAS 77568 Phone: 409-770-5236 Fax: 409-770-5239

## **AUTHORIZATION TO RELEASE BODY**

Full Na	ame of Decedent:		Midala	l ant	
		First	Middle	Last	
Age: _	Race:Sex:				
Addres	ss of Decedent:				
The Lo	egal Next of Kin to the d	lecedent according t	to the priority order list below:		
(N	lame of legal next of kin)		(Relationship to decedent)		
Addre	ss and phone number o	of legal next of kin:			
I (we),	being the legal next of	kin according to pric	ority list below, release the bo		Funeral Home.
Phone # of Funeral Home:					
Addres	ss of funeral home:				
Signature of Next of Kin:			Date:		
		Person handling rer	mains		
Witnes	ss to signature above:	Funeral home repres	sentative	_ Date:	
With th	nis signature, I attest and	affirm that I (we), am	(are) the legal next of kin accord	ling to priority list belo	w:
<u>Priorit</u>	y Order of Next of Kin (	Texas Health & Safe	ty Code 711.002)		
1.	Person designated in a wri		by the decedent. ( ) Yes ( ) No		
2.	The decedent's surviving s	pouse.() Yes () N	lo If you answered no;		
3.	Any one of the decedent's	surviving adult children	. ( ) Yes ( ) No If you answere	d no;	
4.	Either one of the decedent	's surviving parents. (	) Yes ( ) No If you answered no	;	
5.	Any one of the decedent's surviving adult siblings. ( ) Yes ( ) No If you answered no;				
6.	Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent.  ( ) Yes ( ) No  (If yes, please submit the paperwork). If you answered no;				
7.	Person(s) handling remains	s other than legal next o	of kin (send letter explaining situation	n). ( ) <b>Yes</b> ( ) <b>No</b>	