

# THE COUNTY OF GALVESTON MEDICAL EXAMINERS OFFICE

6607 HIGHWAY 1764  
TEXAS CITY, TEXAS 77591  
(W) 409.935.9274 (F) 409.935.8305

## AUTHORIZATION TO RELEASE BODY

FULL NAME of Decedent: \_\_\_\_\_

Age \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_

Address of Decedent: \_\_\_\_\_

The LEGAL NEXT OF KIN to the decedent according to the priority order list below:

\_\_\_\_\_  
(Name of legal next of kin)

\_\_\_\_\_  
(Relationship to decedent)

Address AND telephone number of legal next of kin:  
\_\_\_\_\_

I (we), being the legal next of kin according to priority list below, release the body to:

\_\_\_\_\_ Funeral Home.

Telephone # of F.H. \_\_\_\_\_ Fax # of F.H. \_\_\_\_\_

Address of funeral home: \_\_\_\_\_

Signature of Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_  
(or "other" person handling remains)

Witness to signature above: \_\_\_\_\_ Date: \_\_\_\_\_

With this signature, I attest and affirm that I (we), am (are) the legal next of kin according to priority list below:

**\*\*\*\*\* FUNERAL HOME:** Please circle the # below and write down the reason why you circled it. Please put your name down next to the reason so we may contact you if needed.

**Example:** # 5 - Since the decedent was divorced, had no adult children & the parents are deceased, the sibling can sign the release form. You would write on line 5: "divorced, no adult children, parents deceased".

If you DO NOT fill in the line below, we will NOT release the body. We will have to call you to confirm it.

We also require signature on all forms of the legal next of kin (even if the legal nok is in prison). If someone cannot be found, then write a letter explaining the reason & the steps you tried locating that person. The person handling the remains still needs to sign the release form.

### Priority Order of Next of Kin (Texas Health & Safety Code 711.002)

- (1.) Person designated in a written instrument signed by the decedent - \_\_\_\_\_
- (2.) The decedent's surviving spouse - \_\_\_\_\_
- (3.) Any one of the decedent's surviving adult children - \_\_\_\_\_
- (4.) Either one of the decedent's surviving parents - \_\_\_\_\_
- (5.) Any one of the decedent's surviving adults siblings - \_\_\_\_\_
- (6.) Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent - \_\_\_\_\_
- (7.) Person(s) handling remains other than legal next of kin ...(send with letter explaining situation).  
\_\_\_\_\_