



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
AT DALLAS**

5230 Medical Center Drive  
Dallas, Texas 75235-0728

TELEPHONE 920-5900  
AREA CODE 214  
REPLY TO:  
P.O. BOX 35728

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 the \_\_\_\_\_ Funeral Home 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 legally entitled to control disposition of remains	Date Signed



**SOUTHWESTERN  
INSTITUTE OF FORENSIC SCIENCES  
(Instituto de Medicina Legal)  
AT DALLAS**

5230 Medical Center Drive  
Dallas, Texas 75235-0728

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AREA CODE 214  
REPLY TO:  
P.O. BOX 35728

Oficina del Medico Forense

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

Por medio de la presente se autoriza al Instituto de Medicina Legal, Dallas, Texas, entregar los restos y las  
pertenencias de \_\_\_\_\_ a la funeraria \_\_\_\_\_ o su  
agente.

Mientras que el Medico Forense hace sus exámenes, usted puede informarse sobre la opción de donar  
tejidos del finado para transplantarse por consultar con el director de la funeraria o avisar a Servicios de  
Transplante numero 214-648-2609 o 800-433-6667.

_____	_____
Firma de pariente inmediato	Nombre en letra de molde/ # Telefonico
_____	_____
Relacion de parentesco/Capacidad legal para disponer de los restos del difunto	Fecha de firma