



Office of the Medical Examiner

**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

5230 Medical Center Drive
Dallas, Texas 75235-0728

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

M.E. Case # _____

This authorizes the Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of _____ to the Lake Shore Funeral Home or their agent.

During the investigation by the Medical Examiner's 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 Number

Relationship of next-of-kin or other person legally entitled to control disposition of remains

Date Signed



Office of the Medical Examiner

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

5230 Medical Center Drive
Dallas, Texas 75235-0728

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

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 Lake Shore Funeral Home 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 número 214-648-2609 or 800-433-6667.

Firma de pariente inmediato

Nombre en letra de molde/Numero de telefono

Relacion de parentezco/Capacidad legal para disponer de los restos del difunto

Fecha de firma