



**SOUTHWESTERN
INSTITUTE OF FORENSIC
SCIENCES
AT DALLAS**

Telephone 214-920-5900
5230 Southwestern Medical Ave.
DALLAS, TEXAS 75235
(214) 920-5908 - Fax

OFFICE OF THE MEDICAL EXAMINER

M.E. Case # _____

This authorizes the Southwestern Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of _____ to the **Eastgate Funeral Home** _____ Funeral Home, or their agent at the telephone number of (____) _____.

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 Number

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

Date Signed



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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 **Eastgate Funeral Home** _____ o su agente numero de telefono (____) _____.

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 al numero (800)-433-6667.

Firma de pariente inmediato

Nombre en letra de molde/ # Telefonico

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

Fecha de firma