



TRAVIS COUNTY OFFICE
OF THE MEDICAL EXAMINER

1213 Sabine Street PO Box 1748 Austin, TX 78767
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CHIEF MEDICAL EXAMINER

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Diplomate of American Board of Pathology
DEPUTY CHIEF MEDICAL EXAMINER

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DEPUTY MEDICAL EXAMINER

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Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

VICKIE WILLOUGHBY, DO
Diplomate of American Board of Pathology
DEPUTY MEDICAL EXAMINER

DATE: _____

FAX: (512) 854-9862

This authorizes the Medical Examiner's Office, Travis County, Texas, to release the remains of

_____, to Heart of Texas Cremation & Burial Svc. Funeral Home
and _____ Mortuary Service, if applicable.

Please complete Funeral Home information below:

Address: 12010 Hwy. 290 W., Ste. 210 City: Austin State: Texas Zip Code: 78737

Phone #: 512-243-7277

Fax #: 512-394-7277

Authorization is also given to the above named Funeral Home, or its designated agents, to remove the said deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

The above named Funeral Home is authorized to receive valuables: () Yes () No

Signature: _____

Print Name: _____

Relationship: _____

SUBMIT THIS DOCUMENT TO THE MEDICAL EXAMINER'S OFFICE UPON REMOVAL OF THE DECEASED