

**THE COUNTY OF GALVESTON  
MEDICAL EXAMINERS OFFICE**

6607 Highway 1764  
TEXAS CITY, TEXAS 77591

Phone: (409) 935-9274  
Fax: (409) 935-8305

**AUTHORIZATION TO RELEASE BODY**

FULL NAME of Decedent: \_\_\_\_\_  
(First) (Full middle name) (Last)

\*This name is what will appear on the death certificate

Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

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

The LEGAL NEXT OF KIN to the decedent according to the priority 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

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

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

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

Signature of Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

- (1). The 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 adult siblings
- (6). Any adult person in the next degree of kinship in the order named by law to inherit the estate of decedent