

# The County of Galveston Medical Examiners Office

6607 Highway 1764 | Texas City, TX 77591

Phone: 409-935-9274

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## Authorization to Release Body

Full Name of Decedent\*: \_\_\_\_\_

First

Middle

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 order list below:

\_\_\_\_\_  
Name of Legal Next of Kin Relationship to Decedent

\_\_\_\_\_  
Address and phone number of Legal Next of Kin

I (we), being the legal next of kin according to the priority list below, release the body to:

\_\_\_\_\_ Funeral Home

Phone # of Funeral Home \_\_\_\_\_ Fax # of Funeral Home \_\_\_\_\_

Address of Funeral Home \_\_\_\_\_

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

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

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

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

1. A 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 the decedent