



**SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214

FAX NUMBER
214-920-5908

Office of the Medical Examiner

M.E. Case # _____

This authorizes the Institute of Forensic Sciences, Dallas, Texas, to release the remains and the personal effects of _____ to the Aria Cremation Service & Funeral Home or their agent.

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 #

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

Date Signed



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

5230 Medical Center Drive
Dallas, Texas 75235-0728

TELEPHONE 920-5900
AREA CODE 214

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 Aria Servicio de Cremación y Funeraria 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 numero 214-648-2609 o 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