



## Release of Decedent and Personal Effects

I, \_\_\_\_\_, bearing the relationship of \_\_\_\_\_, acknowledge that I am the **legal next of kin**. I hereby authorize Southeast Texas Forensic Center, Inc. to release the decedent named below, as well as any and all personal effects of the decedent in their possession, to \_\_\_\_\_ (Funeral Home), its agent or representative, for burial or other arrangements as may be requested by the family.

Name of Decedent: \_\_\_\_\_  
Race: \_\_\_\_ Sex: \_\_\_\_ Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Signature of legal next of kin: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Witness: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Name of Crematory (if cremation is requested):  
\_\_\_\_\_

Decedent transported by:  
\_\_\_\_\_