RELEASE FORM

This form must be completed in its entirety. Incomplete forms will not be accepted.
Fax completed form to Carnes Funeral Home at 409.986.9903

Date: _____

This authorizes _____ **to release the remains of**
facility in possession of decedent

decedent's first, middle, last name and applicable AKA | *date of birth* | *social security number*

to _____
name of funeral establishment | *phone* | *fax*

address | *city* | *state* | *zip* | *email*

type of disposition (burial, cremation, etc.) | *name of crematory/cemetery* | *city* | *state*

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

_____ _____
print name *signature* *date*

_____ _____
relationship *phone* *email*

_____
address *city* *state* *zip*

Contact Numbers:

TARRANT COUNTY MEDICAL EXAMINER	**UTMB AUTOPSY SERVICES**	**CARNES FUNERAL HOME**
817.920.5700 Ext 1	409.772.2810	409.986.9900
817.920.5713 (fax)	409.772.9045 (fax)	409.986.9903 (fax)

additional information regarding TDCJ deaths and burials is located at www.CarnesTDCJ.com

Information below for TDCJ/UTMB Correctional Manage Care Vendor use only:

Carnes Funeral Home representative authorizing release—

_____ _____
Print Name/Date *Signature*

Date and time scanned into SRS and, if applicable, faxed to UTMB or Tarrant County ME
(do not fax release until ownership of DC has been verified)