



**Authorization of Next of Kin to Release Decedent/Personal Effects to Funeral Director**

In accordance with state law, the Harris County Institute of Forensic Sciences (HCIFS) will perform an inquest or autopsy to determine the cause and manner of death of the decedent. If an autopsy is performed, certain organs and tissue are removed for necessary examination and testing. Upon completion of examination and testing, any organs and tissue kept by the HCIFS will be disposed of in accordance with health and safety guidelines.

Case number: \_\_\_\_\_ Name of Decedent: \_\_\_\_\_

**Priority Class of Next of Kin as defined by Texas Health & Safety Code §711.002**

1. PERSON DESIGNATED IN A WRITTEN INSTRUMENT SIGNED BY THE DECEDENT;
2. DECEDENT'S SURVIVING SPOUSE;
3. ANY ONE OF THE DECEDENT'S SURVIVING ADULT CHILDREN;
4. EITHER OF THE DECEDENT'S SURVIVING PARENTS;
5. ANY ONE OF THE DECEDENT'S SURVIVING ADULT SIBLINGS; or
6. ANY ADULT PERSON IN THE NEXT DEGREE OF KINSHIP IN THE ORDER NAMED BY THE LAW TO INHERIT THE ESTATE OF THE DECEDENT

**Release of Decedent/Personal Effects and Next of Kin Acknowledgement**

I, \_\_\_\_\_, bearing the relationship of \_\_\_\_\_  
(Next of Kin name) (relationship to the decedent named above)

attest that I am the legal next of kin, as defined above by Texas Health & Safety Code §711.002 and that there is no other person with a priority of right to control the disposition of the decedent's remains listed before me.

I hereby authorize the HCIFS to release the decedent named above and any personal effects in the possession of the HCIFS to \_\_\_\_\_ Funeral Home / Transport Service or its agent upon presentation of this completed document and government-issued photo identification. The transport agent agrees to follow all requirements of Texas Occupations Code §651.401

**THIS IS A GOVERNMENTAL RECORD AS DEFINED BY TEXAS PENAL CODE SECTION 37.10. BY SIGNING THIS DOCUMENT, I REPRESENT THAT I AM THE NEXT OF KIN AND THERE IS NO OTHER PERSON WITH A PRIORITY OF RIGHT TO CONTROL THE DISPOSITION OF THE REMAINS LISTED BEFORE ME. I AGREE TO INDEMNIFY AND HOLD HARMLESS HARRIS COUNTY, ITS OFFICERS, AGENTS AND EMPLOYEES FROM ALL CLAIMS OF ANY CHARACTER, TYPE OR DESCRIPTION, INCLUDING BUT NOT LIMITED TO NEGLIGENCE, GROSS NEGLIGENCE, AND/OR WILLFUL AND MALICIOUS CONDUCT AND RELEASE ANY PERSON WHO ACTS IN RELIANCE ON THIS DOCUMENT FROM ANY LIABILITY, AND ACKNOWLEDGE THAT I AM LIABLE FOR ALL DAMAGES THAT RESULT, DIRECTLY OR INDIRECTLY, FROM MY REPRESENTATIONS AND SIGNATURE. ANY DISPUTE AMONG THE DECEDENT'S NEXT OF KIN CONCERNING THE RIGHT TO CONTROL THE DISPOSITION OF DECEDENT'S REMAINS MUST BE RESOLVED AMONG THOSE PERSONS BY A COURT OF COMPETENT JURISDICTION. THIS INDEMNITY AND RELEASE IS BINDING ON ME, MY FAMILY, ESTATE, HEIRS AND ASSIGNS.**

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

Next of Kin Contact Number: \_\_\_\_\_

Next of Kin Address: \_\_\_\_\_

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Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Contact Number: \_\_\_\_\_

Witness Address: \_\_\_\_\_