



BEXAR COUNTY MEDICAL EXAMINER'S OFFICE
D. KIMBERLEY MOLINA, M.D.
CHIEF MEDICAL EXAMINER

7337 Louis Pasteur Drive, San Antonio, Texas 78229-4565
(210) 335-4011 FAX (210) 335-4091 or (210) 335-4021

"Accredited by the National Association of Medical Examiners"

AUTHORIZATION TO RELEASE REMAINS

TO: Bexar County Medical Examiner's Office

FROM: _____
(Funeral Home Name)

DATE: _____

I, _____, hereby certify and represent that I am the _____
(Print Name) (Relationship to decedent)

and legal next of kin of:

_____, AKA _____,
(Name of Decedent as it appears on Social Security Card or birth certificate)

_____, _____
(Date of Birth) (Social Security Number if applicable)

I, the undersigned, further agree to release the Bexar County Medical Examiner's Office from any liability on account of the said authorization.

It is my desire and request that you release the personal effects and the remains of the decedent to

_____ or their agent.
(Name of Funeral Home)

Signature of Next of Kin: _____ Relationship _____

Address: _____

Telephone Number: _____

Witnessed by: _____ Date: _____

DISCLOSURE/DISCLAIMER FORM

The Federal Trade Commission's Funeral Industry Practices Rule requires certain disclosures and prohibits misrepresentations. The disclosure/disclaimer form is a checklist we ask those we serve to read and sign if during the funeral arrangements our firm complied with the following:

NAME OF DECEASED: _____

DATE OF DEATH: _____

1. I/We the undersigned received a General Price List effective on Aug. 1, 2020 prior to discussing prices, services or merchandise.
2. I/We the undersigned received a Casket Price List effective on Aug. 1, 2020 prior to viewing or discussing prices of caskets.
3. I/We the undersigned received an Outer Burial Container Price List effective on: Aug. 1, 2020 prior to viewing or discussing prices of outer burial containers.
4. I/We the undersigned received the current brochure, prepared by the Texas Funeral Service Commission, with regard to funerals.
5. I/We the undersigned were not told that embalming is required by law and were told that the law does not require embalming except in certain cases. If embalming was provided, it was done with the permission of the undersigned.
6. I/We the undersigned were not told that the law does require embalming for direct cremation, immediate burials or if refrigeration is available and the funeral is without viewing or visitation.
7. I/We the undersigned were informed that the law does not require a casket for direct cremation.
8. I/We the undersigned were informed that the law does not require the purchase of an outer burial container.
9. The funeral home made no representations to the undersigned that embalming or the use of any merchandise available from the funeral home would delay the decomposition of the remains for a long time or indefinite time.
10. I/We the undersigned understand that the funeral home has disclaimed all warranties with regard to caskets, outer burial containers, and other merchandise sold by the funeral home. I/We the undersigned further understand that the only warranties, expressed or implied, granted in connection with the goods sold by the funeral home are the express written warranties, if any, which are extended by the manufactures of the goods. No other warranties, including the implied warranties of merchantability or fitness for a particular purpose are extended by the funeral home.

BUYER: _____ CO-BUYER: _____

DATE: _____ DATE: _____

Signature

Signature