



**OFFICE OF CHIEF MEDICAL EXAMINER
TARRANT COUNTY, TEXAS**

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone (817) 923-4999 Fax (817) 927-0902**

Date: _____

This authorizes the Office of Chief Medical Examiner of Tarrant County, Texas, to deliver, the remains of _____ to the Brown's Memorial Funeral Home.

Please complete funeral home information below:

Address: 707 North MacArthur Blvd. City: Irving
Phone # 972-254-4242 Fax # 972-253-2602 State Texas Zip 75061

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

Funeral Home is authorized to receive valuables: () yes () no

Signature

Printed Name

Relationship _____

Note: Cash over \$50.00 must be picked up in person by next-of-kin.