



**INSTITUTE OF FORENSIC SCIENCES
AT DALLAS**

5230 Medical Center Drive
Dallas, Texas 75235-0728

AREA CODE 214
REPLY TO:
P.O. BOX 35728

Office of the Medical Examiner

Date: X _____

This authorizes the Institute of Forensic Sciences, Dallas, TX, to deliver the remains of X _____ to the Mayfield Kiser Funeral Home. Authorization is also given to the above named funeral home, or its agents, to remove the deceased to their place of business to care for, and prepare for disposition in accordance with professional standards.

Permission is given to the funeral home to embalm: Yes _____; No X _____

Funeral home is authorized to receive valuables: Yes _____; No _____

X _____ X _____
Signature Relationship

NOTE: Cash over \$100 must be picked up in person by next-of-kin.

F-24 (Rev. 8/26/88)

TOTAL P.01/01