

Central Texas Autopsy, PLLC
1515 S. Commerce St.
Lockhart, TX 78644-4010
512-398-4974
512-398-4975 fax

BODY REMOVAL PERMIT

DATE: _____

This form authorizes Central "Texas Autopsy, P LLC, to release the remains of:

_____ (DOB: _____)

To: _____
Name of Funeral Home/Mortuary/Transport Company

Funeral Home/Mortuary Service Information:

Address: _____

Phone No: _____ Fax No. _____

This form authorizes the above-named Funeral Home/Mortuary Service, or its designate agents, to remove the above-named deceased to their place of business to care for, and/or prepare for disposition in accordance with professional standards.

The above-named Funeral Home/Mortuary Service is authorized to receive the valuables associated with the deceased: Yes No

Signature: _____

Print Name: _____

Title or Relationship to deceased: _____

This form must be submitted to Central Texas Autopsy, P LLC, prior to or upon removal of the deceased from our premises.