

South Plains Forensic Pathology

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This authorizes the South Plains Forensic Pathology of Lubbock, Texas, to release the remains of

_____ ("Deceased"), who expired on

_____ to the _____ Funeral Home at

Address _____ City _____

State _____ Zip Code _____ Phone # _____ Fax # _____

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

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

I certify that I am the _____ of the Deceased and it is my legal right to control the disposition of the remains referenced above. I hereby release and hold harmless South Plains Forensic Pathology and its employees from any and all loss, damages, liability or cause of action (including, but not limited to attorney's fees and cost of litigation) in connection with the release of the remains of the Deceased as authorized herein.

Authorized Signature Date Relationship to Deceased

Printed Name State/Driver's License #

First Witness Second Witness

Printed Name Printed Name

******Please return via fax: Miller Mortuary (806) 763-8065 Office (806) 763-9411******