



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

**200 Feliks Gwozdz Place
Fort Worth, Texas 76104-4919
Phone (817) 920-5700 Fax (817) 920-5713**

Date: _____

This authorizes the Tarrant County Medical Examiner's District, Fort Worth, Texas, to deliver

the remains of _____ to the _____

Rest Haven Funeral Home funeral home.

Please complete funeral home information below:

Address: 3701 Rowlett Road City: Rowlett
Phone # 972-412-5195 Fax # 972-463-6477 State TX Zip 75088

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 to deceased

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