



**** COUNTY OF TARRANT

**** STATE OF TEXAS

CASE NUMBER: _____

PERMIT FOR WAIVER OF AUTOPSY

I, the undersigned, being the legal next-of-kin of the deceased,

, hereby EXEMPT the **TARRANT COUNTY MEDICAL EXAMINER** office from performing a medical postmortem examination (autopsy) on the remains of the above named decedent for the following reason(s):

- Religious reasons
- Personal reasons
- Other: _____ (specify)

I fully understand that in not performing such an autopsy, the Medical Examiner may not be able to establish a definite cause of death, which may affect the outcome of legal proceedings, civil or criminal, as well as insurance claims, if such is applicable.

Finally, I or any other heirs shall not hold Tarrant County Medical Examiner office, its medical examiners and employees liable for any loss, injury, pain of suffering, either real or imagined, that may arise from non-performance of the said autopsy.

Witnessed this _____ day of _____, _____.

(Signature)

Name: _____
Address: _____
City: _____ Zip _____
Telephone: _____

(Signature of Witness)