



**BEXAR COUNTY MEDICAL EXAMINER'S OFFICE**  
**D. KIMBERLEY MOLINA, M.D.**  
**CHIEF MEDICAL EXAMINER**

7337 Louis Pasteur Drive, San Antonio, Texas 78229-4565  
(210) 335-4011 FAX (210) 335-4021

*"Accredited by the National Association of Medical Examiners"*

AUTHORIZATION TO HANDLE FUNERAL ARRANGEMENTS

I, \_\_\_\_\_ hereby certify and represent that I am the \_\_\_\_\_  
(Print name) (relationship to decedent)

and legal next of kin: \_\_\_\_\_  
(Name of decedent)

I authorize \_\_\_\_\_ to handle all funeral arrangements  
for the above deceased person. I, the undersigned, further agree to release the Bexar County Medical  
Examiner's Office from any liability on account of the said authorization.

_____	_____
Signature	Date
Address: _____	Phone: _____
City/State/Zip: _____	

_____	_____
Witnessed by	Date
Address: _____	Phone: _____
City/State/Zip: _____	