



## 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"*

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### AUTHORIZATION FOR NON-JURISDICTIONAL (OUT-OF-COUNTY) MEDICOLEGAL EXAMINATION

It is requested that a medicolegal examination be performed on the body of:

\_\_\_\_\_ by a pathologist(s) of the Bexar County Medical Examiner's Office. Authorization is given to perform either a complete autopsy examination, a partial autopsy, or an external examination only, at the discretion of the Medical Examiner.

The Bexar County Medical Examiner's Office is authorized to retain blood, body fluids, or tissue from the decedent as necessary to conduct the examination, and to dispose of those items according to the procedures of the Office. The Bexar County Medical Examiner's Office is also authorized to release information, autopsy reports, tissue, blood, or other specimens pertaining to this case when duly requested, without further authorization by me.

The Medical Examiner will retain appropriate evidentiary material from the body based on available information and his/her professional judgment. By requesting an examination on this case, I agree to the following:

1. Evidentiary items collected will be held for up to one week for pick-up by the investigating law enforcement agency.
2. Prescription or over-the-counter drugs will be inventoried and then destroyed.
3. All other items received with the body will be released with the body to the funeral home.

I understand that I or my designated representative must be available by telephone on the day of the examination. My contact telephone number at that time will be \_\_\_\_\_

**I ALSO UNDERSTAND THAT I AM REQUIRED TO ARRANGE FOR PICK-UP OF THE DECEDENT WITHIN 24 HOURS OF NOTIFICATION THAT THE EXAMINATION HAS BEEN COMPLETED.**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Justice of the Peace

\_\_\_\_\_  
Signature

\_\_\_\_\_  
County and precinct

\_\_\_\_\_  
Office phone #

\_\_\_\_\_  
Email Address (required to send final report)

\_\_\_\_\_  
Mailing address