# POSTMORTEM EXAMINATION OR AUTOPSY CONSENT FORM

This form is prescribed under Article 49.34 of the Code of Criminal Procedure. Please see the reverse side for further information regarding the law and the completion of this form.

<table>
<thead>
<tr>
<th>NAME OF DECEDENT:</th>
<th>DATE OF DEATH</th>
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<tbody>
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<thead>
<tr>
<th>NAME AND TITLE OF PHYSICIAN PERFORMING PROCEDURE:</th>
<th>TEXAS LICENSE NUMBER:</th>
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<tbody>
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<tr>
<th>NAME OF FACILITY AND DEPARTMENT WHERE THE PROCEDURE WILL BE PERFORMED:</th>
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The physician may be required to remove and retain organs, fluids, prosthetic devices, or tissue for purposes of comprehensive evaluation or accurate determination of a cause of death.

Please indicate which, if any, restrictions or special limitations you would like to make on the procedure:

- None. Permission is granted.
- Permission is granted for an autopsy with the following limitations and conditions (specify):
  - Exam is restricted to brain and spinal cord
  - Exam is restricted to the chest and abdomen only
  - Exam is restricted to the chest cavity
  - Exam is restricted to the abdominal cavity
  - Other: (Specify) ____________________________________________________________

I authorize the release of the remains to the funeral services provider or person listed below after examination.

Name of Funeral Service Provider or Person: ____________________________

Telephone Number: ____________________________

Authoring Person’s Signature ____________________________

Date ____________________________

Authoring Person’s Printed Name and Relationship to Decedent ________________

Witness’s Signature ____________________________

Date ____________________________

Witness’s Printed Name ____________________________

Warning: It is a felony to falsify information on a Vital Statistics application, record or report. The penalty for knowingly making a false statement on this form or for signing a form which contains a false statement is 2 to 10 years imprisonment and a fine of up to $10,000. (Health and Safety Code §195.003)
PERSONS AUTHORIZED TO CONSENT TO POSTMORTEM EXAMINATION OR AUTOPSY

ANATOMICAL GIFT BY DECEMET'S REMAINS BY SOMEONE OTHER THAN THE DECEMET

DEATH INQUEST BY MEDICAL EXAMINERS

NONAFFILIATED PHYSICIANS

VS-200 (04/2012)