

Medical Examiner's Authority to Cremate

This form must be accompanied by an "Authority to Cremate", properly executed in Accordance with current Texas statutes.

This is to Certify to _____ of _____ County,

Texas that the remains of _____,

(who died) (Who was Found Dead) in _____, Texas on or about the

_____ day of _____, 20____, can be lawfully cremated.

It has been determined according to the provisions of Sec. 10 of the Medical Examiner Act, Art 49.25 of the Texas Code of Criminal Procedure that:

(An Autopsy Has Been Performed)

(No Autopsy Was Necessary)

The 48 hour time requirement (Does Not Apply) (Is Waived) in accordance with Art. 49.25, Sect. 10A.

WITNESS MY HAND this _____ day of _____, 20____

