



Texas Department of Criminal Justice

Correctional Institutions Division

Notification of Execution Date

Date of Notification: _____

Offender Name: _____ TDCJ #: _____

The Office of the Texas Attorney General has notified this agency that by order of the Court, your execution date has been set for after the hour of 6:00 p.m. on _____.

The following information will be requested from you two weeks prior to the scheduled execution. A current copy of your visitation list has also been included, review it and make changes as necessary. Changes to your approved visitation list will not be made within 24 hours of the execution.

1. Attorney Name, Address, and Telephone Number: _____

2. Spiritual Advisor: _____ (If they wish to witness your execution they do not need to be on your visitation list).

3. If executed, it is my request that disposition of my remains be handled by: _____
Relationship/Address: _____
Telephone number: _____

I would like my remains to be donated to the Texas State Anatomical Board for medical education and research. _____

4. I would like for _____ to pick up my personal property.
The address is: _____

5. I have \$ _____ in my Trust Fund Account. I would like my money to go to: _____

6. Contact staff if you request the preparation of a Last Will and Testament. If you have less than \$500, State Counsel for Offenders shall assist you with this request. However, if you have more than \$500 you should arrange to hire a personal attorney.

Witnesses to the Execution (include addresses)

1. _____
2. _____
3. _____
4. _____
5. _____

Last Meal Request

Clothing Sizes

Pant Size: _____

Shirt Size: _____

Shoe Size: _____



Texas Department of Criminal Justice
Correctional Institutions Division

Execution Summary

OFFENDER NAME: _____

TDCJ# _____

EXECUTION DATE: _____

DOUG DRETKE, DIRECTOR

Witnesses APPROVED DENIED

I have been advised that pursuant to Article 43.20, relatives and friends, who are eligible, may be allowed to witness the execution. The relatives or friends may not exceed five (5) in number. However, a spiritual advisor to the condemned offender may be allowed to witness in addition to the five (5) offender witnesses. The spiritual advisor must be a bonafide pastor or comparable official of a church selected by the condemned offender.

1. _____
2. _____
3. _____
4. _____
5. _____
6. (SPIRITUAL ADVISOR) _____

Attorney(s) Handling Stay and/or Appeal

1. _____
2. _____
3. _____

Last Will and Testament

I am further advised that the services of an attorney can be provided free of charge to prepare a simple will so I may dispose of my worldly possessions. I have indicated my desires by initialing one of the following:

- _____ 1. The disposition of my estate is complex and could not be handled by a simple will; therefore, I have made my own arrangements.
- _____ 2. Disposition of my worldly possessions is covered by an existing will.
- _____ 3. Services of an attorney are required to assist me in preparation of a simple will. (Offenders who have \$500.00 or more are not indigent and should hire an attorney to prepare a simple will if they do not want to use the packet or prepare a handwritten will.)
- _____ 4. I do not desire a will.

Execution Summary (continued)

OFFENDER NAME: _____ TDCJ# _____

Disposition of Trust Fund Account

I have \$ _____ in my Trust Fund Account as of _____ and would like it to be handled as follows:

Disposition of Personal Property

I have been advised that I may designate the method of disposition of my personal property. I have indicated my desires as follows:

- 1. I have arranged with _____, who lives at _____ to pick up my property from the _____ Unit.
- 2. I wish TDCJ to dispose of my personal property.

Last Meal Request

I have been advised that I may make choices regarding what is served for my last meal. I understand that my choices are restricted to what is available from the Huntsville Unit kitchen. I understand that no special purchases shall be made.

_____	_____
_____	_____
_____	_____
_____	_____

Clothing Sizes

Pant Size: _____ Shirt Size: _____ Shoe Size: _____

Disposition of Remains

I am also aware that a relative or bonafide friend can request, within 48 hours, delivery of my remains.

If executed, it is my request that disposition of my remains be handled by _____
Whose relationship to me is that of _____, whose address is _____
_____ and whose telephone number is _____

I have completed the necessary documents to allow my body to be donated to the Texas State Anatomical Board for medical education and research.

DATE _____

SIGNATURE OF OFFENDER _____

WITNESS (PRINT) _____

WITNESS (PRINT) _____

cc: Huntsville Unit Warden
Public Information Office

****ORIGINAL REMAINS ON DEATH ROW UNIT UNTIL THE DAY OF THE SCHEDULED EXECUTION****



TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Chaplaincy Department

Religious Orientation Statement

(The following statement of religious preference is offered as an attempt to clarify the religious beliefs and obligatory practices of committed offenders. It is intended to inform TDCJ staff of any special needs related to personal faith in order to provide appropriate considerations whenever possible.)

"I _____ TDCJ # _____
(Offender's Name)

identify my religious beliefs as the following:" (Circle one)

- | | |
|-----------------------------------|----------------------------------|
| 1. Roman Catholic | 4. Muslim |
| 2. Christian (Non Roman Catholic) | 5. Native American |
| 3. Jewish | 6. Other (please identify) _____ |

(In the case of some of the above categories, a more specific description of the religion may be appropriate.)

"I further identify myself as _____."

"The following individual is my 'spiritual advisor.' _____

Telephone # _____

"I request a visit with my above named spiritual advisor to take place at the Huntsville Unit, pending administrative approval." Yes No

"In witness whereof, I have hereto set my hand this _____ day of _____, _____"
(month) (year)

Offender's Signature Date

Chaplain's Signature Date

cc: Director of Chaplains
Unit Warden
Huntsville Unit Chaplain
Offender File