



Health

FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

### AUTHORITY TO COLLECT DECEASED

#### PART A: To be completed by the Executor or Next of Kin (See Part D for guidance)

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

I (print name) \_\_\_\_\_

give authority to (Funeral Director) \_\_\_\_\_

to collect the body of (name of deceased) \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

If nominated as a delegate of the Executor/Next of Kin, please provide details:

I confirm that I have full and proper authority to permit the facility to release the body of the above named deceased person to the funeral director on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### PART B: To be completed by Funeral Director (Where a person collecting the body is not a funeral director or acting on behalf of the coroner, please contact the Public Health Unit to confirm whether all necessary approvals have been obtained)

Funeral Company Name \_\_\_\_\_

Address \_\_\_\_\_

Transfer Company (if applicable) \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

#### PART C: To be completed by NSW Health Staff

This section requires two NSW Health Staff (as determined by the local facility) to witness that sections A and B have been completed prior to the release of the body to the funeral director.

Staff Member 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Member 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_



SMR020210

Holes Punched as per AS2826.1: 2012  
BINDING MARGIN - NO WRITING

NH700576 111219

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SMR020.210