

AUTHORITY TO RELEASE DECEASED BODY

To: The Director of Medical Services of _____ Hospital,

I, _____ being the personal representative / senior
(Print Name) (Delete as Applicable)

available next of kin and the person responsible for making the funeral arrangements for the late:

Deceased's Full Legal Name: _____

Date Of Birth: ____ / ____ / ____

Gender: _____

Last Residential Address: _____

Authorise: _____ to take possession of the
(Funeral Home Name)

body of the deceased, for the purpose of conducting funeral arrangements

Signed: _____
Representative / Senior Available Next of Kin

Print Name: _____

Date: ____ / ____ / ____

In the event the personal representative / senior available next of kin is not available to sign (e.g. interstate), then a Justice of the Peace who has received verbal instructions from that person(s) to remove the deceased, may sign in their absence to confirm the authority granted to remove the deceased's body.

Signed: _____
(Signature - Justice of the Peace)

Print Name: _____

Date: ____ / ____ / ____