



PERMISSION TO TRANSFER DECEASED

I, the undersigned, hereby give permission to the Breana Liu group to transfer into their care the late:

DOB: ___/___/___

DOD: ___/___/___

Last Known Address: _____

From: Hospital Nursing Home Glebe Coroners

I understand that either the Breana Liu group staff or their associated transfer company will collect the deceased body when available and/or all paperwork has been completed as required.

Paperwork required by the BREANA LIU group:

- Coroner's Burial Order to Dispose
- Coroner's Cremation Permit
- Non-Infectious Letter
- Medical Certificate of Cause of Death
- Attending Practitioners Cremation Certificate
- Medical Referees Cremation Permit

Authorizing person

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____ (M) _____

Signature: _____ Date: ___/___/___

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