

TRANSFER AUTHORITY

AUTHORITY TO COLLECT DECEASED

Funeral Director _____

Authority to collect the body of: _____ (Print Deceased Name)

_____ (Print Deceased Name)

Born on _____ (dd/mm/yyyy)

Of the Address No/Unit _____ Street _____

Suburb _____ State _____ Country other than Australia _____

Next of Kin Details

Senior Next of Kin _____ (Print Name)

Relationship to the Deceased _____

Signature of Next of Kin _____ Date _____

Signature of Funeral Director _____ Date _____

To confirm a deceased is ready for release please call the Medical Work Force Unit on

Ph: 9113 2001

Please be advised that operating hours of releases are between 13:00 and 16:00 Weekdays.

