

Authority to Release Deceased Form

To the Medical Superintendent of Hospital.

I
(Print Name)

being the of the deceased
(Relationship)

.....
Mr/Mrs) (Deceased Full Legal Name)

___/___/___
(Deceased D.O.B)

....., hereby authorise
(Deceased Residential Address)

Perry and Oster Funerals to transfer the body in order to conduct the funeral arrangements.

Signed.....
(Signature)

.....
(Print Name)

___/___/___

In the event the relative/next of kin is not available to sign, then a Justice of the Peace must sign in their absence.

Signed.....
(Signature – Justice of the peace)

.....
(Print Name)

___/___/___