



# DIRECT MORTUARY — T R A N S F E R S —

## Repatriation Confirmation

### Deceased Details

Deceased Name: \_\_\_\_\_ Male Female

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate Weight (if known) < 50kg 50kg - 75kg 75kg - 100kg  
100kg - 125kg 125kg - 150kg 150kg - 175kg >175kg

Are there any personal belongings accompanying the deceased on the repatriation ?  
No Yes Please specify: \_\_\_\_\_

Stretcher Transfer Coffin / Casket Transfer (size of coffin / casket): \_\_\_\_\_  
Flowers / Coffin Spray to be transferred

### Collection Facility

Collection Facility: \_\_\_\_\_

*If the above is not a hospital or coronial mortuary, please provide the following details:*

Collection Facility Address: \_\_\_\_\_

Collection Facility Contact Name: \_\_\_\_\_

Collection Facility Contact Phone: \_\_\_\_\_

Is there a death certificate or life extinct / verification of death certificate available from the collection facility? Yes No

### Receiving Facility

Receiving Facility: \_\_\_\_\_

Receiving Facility Address: \_\_\_\_\_

Receiving Facility Contact Name: \_\_\_\_\_

Receiving Facility Contact Phone: \_\_\_\_\_

Receiving Facility Email: \_\_\_\_\_

### Repatriation Update Contact

*These details will be used to maintain communication and updates regarding repatriation*

Repatriation Contact Name: \_\_\_\_\_

Repatriation Contact Phone: \_\_\_\_\_

Repatriation Contact Email: \_\_\_\_\_