

# Funeral Transfer Authority Form

## Mortuary Services

The Canberra Hospital  
Hospital Road, Garran ACT 2607  
Ph: 02 5124 2116  
Email: [TCHMortuary@act.gov.au](mailto:TCHMortuary@act.gov.au)

Date: \_\_\_\_\_

Name of Funeral Home: \_\_\_\_\_

Full Name of Deceased: \_\_\_\_\_

Address of Deceased: \_\_\_\_\_

Name of person authorising the funeral: \_\_\_\_\_

Relationship of authorising person: \_\_\_\_\_

Signature of authorising person: \_\_\_\_\_

Funeral Director: \_\_\_\_\_

Name

Signature

### Who is authorized to sign?

An authority is valid if signed by the legal representative of the deceased, if appointed, or a personal representative of the deceased person, that is the executor under a will or an administrator if there is no will, and if there is neither it falls to the immediate family member.

Immediate family member means a person who –

(a) Is –

- (i) A parent
- (ii) A domestic partner
- (iii) An adult child or sibling

(b) Is a member of the same household and is –

- (i) Another relative, or
- (ii) A close friend.

As referenced in the *Health Records (Privacy and Access) Act 1997* and the *Legislation Act 2001*, s 169.



### Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

© Australian Capital Territory, Canberra 2024



Accessibility ☎ call (02) 5124 0000



Interpreter ☎ call 131 450

[canberrahealthservices.act.gov.au/accessibility](http://canberrahealthservices.act.gov.au/accessibility)

