



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

ADDRESS

AUTHORITY TO COLLECT DECEASED

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

PART A: To be completed by the Executor or Next of Kin (See Part D for guidance)

Given Name _____ Family Name _____

Address _____

Contact Phone Number _____

I (print name) _____

give authority to (Funeral Director) _____

to collect the body of (name of deceased) _____

Relationship to Deceased _____

If nominated as a delegate of the Executor/Next of Kin, please provide details:

I confirm that I have full and proper authority to permit the facility to release the body of the above named deceased person to the funeral director on this form.

Signature: _____ Date: _____

PART B: To be completed by Funeral Director (Where a person collecting the body is not a funeral director or acting on behalf of the coroner, please contact the Public Health Unit to confirm whether all necessary approvals have been obtained)

Funeral Company Name _____

Address _____

Transfer Company (if applicable) _____

Contact Person _____

Phone: _____ Fax or Email: _____

Date: _____ Signature: _____

PART C: To be completed by NSW Health Staff

This section requires two NSW Health Staff (as determined by the local facility) to witness that sections A and B have been completed prior to the release of the body to the funeral director.

Staff Member 1 Name: _____ Signature: _____

Designation: _____ Date: _____

Staff Member 2 Name: _____ Signature: _____

Designation: _____ Date: _____



SMR020210

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

NH700576 111219

AUTHORITY TO COLLECT DECEASED

SMR020.210



FAMILY NAME

MRN

GIVEN NAME

MALE FEMALE

D.O.B. ____/____/____

M.O.

Facility:

ADDRESS

AUTHORITY TO COLLECT DECEASED

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

PART D: Guide on Executor/Next of Kin

Part A should be completed by the executor of the deceased person's will. If this person is not available or there is no will then the following hierarchy can be used as a guide to identify the next of kin:

Next of kin of a deceased adult means, in the following order of seniority:

1. a person who was a spouse or de-facto (including same sex partner) of the deceased immediately before the person's death
2. where the deceased person has no spouse or the spouse is not available, a son or daughter of the deceased person, who has attained the age of 18 years
3. where no person referred to in 1 or 2 is available, a parent of the deceased person
4. where no person referred to in 1, 2 or 3 is available, a brother or sister of the deceased person, who has attained the age of 18 years

Next of kin of a deceased child means, in the following order of seniority:

1. a parent of the child
2. where a parent to the child is not available, a brother or a sister of the child, who has attained the age of 18 years
3. where no person referred to in point 1 or 2 is available, a person who is guardian of the child immediately before the child's death.

If the person who assumes the role as the Senior Next of Kin does not wish to provide authority, they may nominate another person as their "delegate". Reason for this delegation must be documented in section A of this form.

Holes Punched as per AS2828.1: 2012
BINDING MARGIN - NO WRITING

