



**Authority to Release
Deceased Body**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

Facility:

I,
(print name)

being the personal representative / senior available next of kin *(cross out as applicable)*
and the person responsible for making funeral arrangements for the late:

Deceased's full legal name:

Date of Birth: Sex/Gender:

Last Residential Address:
.....

hereby authorise
(insert name of Funeral Director)

to take possession of the deceased for the purpose of conducting funeral arrangements.

Signed:

Date:

In the event the personal representative/senior available next of kin is not available to sign
this authorisation, then a Justice of the Peace who has received verbal instructions from that
person to remove the deceased may sign in their absence to confirm the authority granted to
remove the deceased's body.

Signed:
(Justice of the Peace)

Print Name:

Date:

**This authority must be presented to mortuary staff for release.
Under no circumstances can release take place in the absence of a signed Authority to Release form.**

DO NOT WRITE IN THIS BINDING MARGIN

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