**insert date**

**insert Facility name**

This is to confirm that **insert Funeral Company** authorises Statewide Mortuary Transfer Pty Ltd to attend the release from your facility of:

the Late **insert Deceased first & surname**.

Date of Birth: **insert DOB**

Next of Kin: **insert NOK**

Statewide Mortuary Transfers Pty Ltd are to take the above deceased into their care, and convey to our care facility on our behalf.

Yours faithfully,

Signed

**Insert name**