



Phone 1800 678 414 or 49212673

AUTHORITY TO RELEASE DECEASED BODY

To: The Medical Superintendent of the _____ Hospital

I, _____ being the personal representative/senior
(Print Name)

available next of kin and the person responsible for making funeral arrangements for the late

_____ authorise Quality Cremation Services
(Deceased's Name)

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

Signed: _____

Print Name: _____

Relationship to Deceased: _____

Date: _____

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

Signed: _____
(Signature – Justice of the Peace)

Print Name: _____

Date: _____