



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

M.O.

Facility:

ADDRESS

# AUTHORITY TO COLLECT BODY

LOCATION / WARD

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

## SECTION A: DECEASED PERSON DETAILS - To be completed by Funeral Director

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_

## SECTION B: FUNERAL DIRECTOR DETAILS - To be completed by Funeral Director

Name of Funeral Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Transfer Company (if applicable): \_\_\_\_\_

## SECTION C: AUTHORITY - To be completed by EXECUTOR of the WILL or NEXT OF KIN\*

\* Refer to page 2 for the hierarchy of Next of Kin

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Relationship to Deceased Person: \_\_\_\_\_

**If NOT the Senior Next of Kin, as per the hierarchy on page 2, please provide reason:**

I confirm that I have full and proper authority to permit Sydney Local Health District to release the body of the above named deceased person to the funeral director named on the form.

Signature of Executor / Next of Kin: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION D: FORM REVIEW - To be completed by two Hospital Representatives

This section requires two SLHD Hospital staff (as determined by the local facility) to witness that Sections A, B and C are completed prior to the release of the body to the funeral director.

1. Name of Hospital Representative: \_\_\_\_\_

Designation: \_\_\_\_\_

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

2. Name of Hospital Representative: \_\_\_\_\_

Designation: \_\_\_\_\_

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

If you have any questions regarding this form, please contact the Hospital's Medical Records Department  
This form is to be retained at the hospital



AMR002001

Holes Punched as per AS2828.1: 2012

BINDING MARGIN - NO WRITING

SAH800168 221117

AUTHORITY TO COLLECT BODY

AMR002.001



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**Hierarchy of NEXT OF KIN**

The Next of Kin should firstly be:

Any person named as an Executor in the deceased person's will.

If this person is not available, or there is no will, the following hierarchy must be followed. The person who is highest in the order of the hierarchy is also known as the "Senior 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 persons 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 exists or is available, a parent of the deceased person
4. where no person referred to in 1, 2 or 3 exists or 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 living 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 exists or 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". The reason for this delegation must be documented in section C of this form.

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