1	>
_	3
7	J
	5
Č	5
N	٥
-	
	2
	5
	^

Health	FAMILY NAME		MRN
Sydney Local Health District	Sydney GIVEN NAME		☐ MALE ☐ FEMALE
	D.O.B//	M.O.	
Facility:	ADDRESS	1	
411THODITY TO 001   FOT			
AUTHORITY TO COLLECT	LOCATION / WARD		
BODY	COMPLETE ALL DETAILS	OR AFFIX P	ATIENT LABEL HERE
SECTION A: DECEASED PERSON DETAILS - 1	00:::: ==::=::::=:		ATTENT ENDELTIENCE
	io so completed by I allora.	20010.	
Surname:	Given name(s):		
Date of Birth:			
SECTION B: FUNERAL DIRECTOR DETAILS -	To be completed by Funera	I Director	
Name of Funeral Director:			
Contact Person:	Contact Phone Number		
Contact i erson.	Contact i none number	•	
Address:			
Transfer Company (if applicable):			
SECTION C: AUTHORITY - To be completed by	EXECUTOR of the WILL of	NEXT OF	KIN*
* Refer to page 2 for the hierarchy of Next of Kin			
Surname:	Given name(s):		
Surname:  Date of Birth:			
	Contact Phone Number	:	
Date of Birth:	Contact Phone Number	:	
Date of Birth:	Contact Phone Number	:	
Date of Birth:	Contact Phone Number	:	
Date of Birth:	Contact Phone Number on page 2, please provide reas	: son:	
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy  I confirm that I have full and proper authority to permit S	Contact Phone Number  on page 2, please provide reas  Sydney Local Health District to re	: son:	
Date of Birth:	Contact Phone Number  on page 2, please provide reas  Sydney Local Health District to re	: son:	
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy  I confirm that I have full and proper authority to permit S	Contact Phone Number  on page 2, please provide reas  Sydney Local Health District to reform.	con:	
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy of the Confirm that I have full and proper authority to permit deceased person to the funeral director named on the fine the confirmation of the fine the confirmation of the funeral director named on the fine the confirmation of the funeral director named on the fine the confirmation of the fine the confirmation of the fine the confirmation of the funeral director named on the fine the confirmation of the funeral director named on the fine the confirmation of the confirmation of the fine the confirmation of the fine the confirmation of t	Contact Phone Number  on page 2, please provide reas  Sydney Local Health District to reform.	:elease the bo	ody of the above named
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy  I confirm that I have full and proper authority to permit sedeceased person to the funeral director named on the session of Executor / Next of Kin:  Signature of Executor / Next of Kin:	Contact Phone Number on page 2, please provide reas Sydney Local Health District to reform.  d by two Hospital Representation of the content	elease the bo	ody of the above named  Date:
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy of the Senior Next of Kin, as per the hierarchy of the Senior Next of Kin, as per the hierarchy of the Senior Next of Kin, as per the hierarchy of the Senior Next of Kin is section D: FORM REVIEW - To be completed.  This section requires two SLHD Hospital staff (as determined in the Senior Section Secti	Contact Phone Number on page 2, please provide reases  Sydney Local Health District to reform.  d by two Hospital Representation of the contact of the conta	elease the bo	Date: ctions A, B and C are
Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy  I confirm that I have full and proper authority to permit secensed person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the sec	Contact Phone Number on page 2, please provide reases  Sydney Local Health District to reform.  d by two Hospital Representation of the contact of the conta	elease the bo	Date: ctions A, B and C are
Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy  I confirm that I have full and proper authority to permit secensed person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the release of the body to the funeral director named on the second person to the sec	Contact Phone Number on page 2, please provide reases Sydney Local Health District to reform.  If by two Hospital Representations and director.	elease the bo	Date:ctions A, B and C are
Date of Birth:  Relationship to Deceased Person:  If NOT the Senior Next of Kin, as per the hierarchy of the Senior Next of Kin, as per the hierarchy of the Confirm that I have full and proper authority to permit the deceased person to the funeral director named on the following Signature of Executor / Next of Kin:  SECTION D: FORM REVIEW - To be completed This section requires two SLHD Hospital staff (as deter completed prior to the release of the body to the funeral Name of Hospital Representative:	Contact Phone Number on page 2, please provide reases.  Sydney Local Health District to reform.  d by two Hospital Representation of the control of the cont	elease the bo	Date:ctions A, B and C are

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

SAH800168 221117

BINDING MARGIN	Holes Function as
IN - NO WRITING	per ASZSZS. I. ZUIZ

Health	FAMILY NAME		MRN	
Sydney Local Health District	GIVEN NAME		☐ MALE	☐ FEMALE
Facility:	D.O.B//	M.O.		
- domey.	ADDRESS			
AUTHORITY TO COLLECT BODY				
	LOCATION / WARD			
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			

## **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.

AMR002001

This form is to be retained at the hospital