



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

Facility:

# AUTHORITY TO COLLECT DECEASED

## PART A: To be completed by the Executor or Next of Kin (See Part D for guidance)

Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**(print name)** \_\_\_\_\_

COAST FAMILY FUNERALS

give authority to (Funeral Director) \_\_\_\_\_

to collect the body of (name of deceased) \_\_\_\_\_

**Relationship to Deceased** \_\_\_\_\_

If nominated as a delegate of the Executor/Next of Kin, please provide details:

I confirm that I have full and proper authority to permit the facility to release the body of the above named deceased person to the funeral director on this form.

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

## PART B: To be completed by Funeral Director (Where a person collecting the body is not a funeral director or acting on behalf of the coroner, please contact the Public Health Unit to confirm whether all necessary approvals have been obtained)

Coast Family Funerals

Funeral Company Name \_\_\_\_\_

Address 1/5 Joule Place Tuggerah \_\_\_\_\_

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

Contact Person \_\_\_\_\_

Phone: 1300 628 662 Fax or Email: office@coastfamilyfunerals.com.au

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

## PART C: To be completed by NSW Health Staff

This section requires two NSW Health Staff (as determined by the local facility) to witness that sections A and B have been completed prior to the release of the body to the funeral director.

Staff Member 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Staff Member 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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



SMR020210

Holes Punched as per AS2828.1: 2012  
BINDING MARGIN - NO WRITING

NH700576 111219

AUTHORITY TO COLLECT DECEASED

SMR020.210



FAMILY NAME

MRN

GIVEN NAME

MALE  FEMALE

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

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ADDRESS

**AUTHORITY TO COLLECT DECEASED**

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**PART D: Guide on Executor/Next of Kin**

Part A should be completed by the executor of the deceased person's will. If this person is not available or there is no will then the following hierarchy can be used as a guide to identify the 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 person's 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 is available, a parent of the deceased person
4. where no person referred to in 1, 2 or 3 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 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 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". Reason for this delegation must be documented in section A of this form.

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