

Hospital and Age Care Release of Deceased – Victoria, 2017

APPLICATION FOR RELEASE OF A DECEASED PERSON

(Effective 10/2017)

DECEASED DETAILS (Please Print Clearly)

Gender..... Male Female
Surname..... Given Names
Date of Birth...../...../.....
Usual place of residence (suburb/town).....

APPLICANT DETAILS

Name: Miss / Ms / Mrs / Mr/ other (please specify)
Address: Postcode.....
Telephone: Relationship to deceased.....

I, the undersigned, have the legal right to authorise and request these arrangements to take place now.

(Sign)..... Date:/...../.....

FUNERAL DIRECTOR DETAILS

This company has been authorised by the applicant to receive the deceased from the Coroners Court.
Company Name.....
Telephone.....
Sub-contractor Funeral Company details (if applicable).....
Telephone.....

FUNERAL DIRECTOR AUTHORISATION

The Funeral director MUST ensure that they have the authority of the applicant BEFORE submitting this form.

I am authorised by the applicant and I believe all the details provided in this form to be true and correct

Funeral Director: (Name)..... (Sign).....
Date:...../...../.....