



Health
Northern Sydney
Local Health District

AUTHORITY TO COLLECT DECEASED

I, (please print name)

Relationship to deceased

Give authority to

(Name of Funeral Directors)

To collect the body of.....

(Print name of deceased)

Signature Date

Next of Kin Contact Details – Please enter full name and address:

Name

Address.....

Telephone number: Please enter preferred contact number:

MobileHome..... Bus:

Funeral Director's Stamp:

Hospital Representative:

Name.....Signature.....

Designation

Medical Services
Hornsby Ku-ring-gai Hospital – Palmerston Road
HORNSBY NSW 2077
Telephone (02) 9477 9369 Facsimile (02) 9477 2005
Northern Sydney Local Health District
ABN 63 834 171 987