



Health
Northern Sydney
Local Health District

ROYAL NORTH SHORE HOSPITAL

Pacific Highway St Leonards NSW 2065
Phone: 9462 9777 Fax: 9462 9055

AUTHORITY TO COLLECT DECEASED

I..... (Please print name)

Relationship to deceased

Give authority to..... (Name of Funeral Directors)

To collect the body of (Print deceased name)

Signature of next of kin: Date:

Next of Kin Contact Details -Please enter full name , address and contact number

Name.....

Address.....

.....

Telephone Number: Please enter preferred contact number

Mobile Home Bus.....

Funeral Director's Stamp

Hospital Representative

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

Designation..... Date.....

Items/Valuables on Body Yes / No W50 Form present Yes / No

