

## **AUTHORITY TO RELEASE DECEASED BODY**

To: The Medical Superintendent of the	Hospital
I,	being the personal representative/senior
available next of kin and the person responsib	ble for making funeral arrangements for the
late	authorise
BURNETT REGIONAL FUNERAL SERVIC	ES to take possession of the body of the
deceased for the purpose of conducting funera	al arrangements.
Signed:	
Print name:	
Date:	
In the event the personal representative/seni sign (e.g. interstate), then a Justice of the F from that person(s) to remove the deceased authority granted to remove the deceased's bo	Peace who has received verbal instructions may sign in their absence to confirm the
Signed:	
Print name:	
Date:	