

NSW Forensic & Analytical Science Service
Department of Forensic Medicine Sydney



Health
Pathology

TRANSFER AUTHORITY

AUTHORITY TO COLLECT DECEASED

Funeral Director _____

Authority to collect the body of: _____ (Print Deceased Name)

_____ (Print Deceased Name)

Born on _____ (dd/mm/yyyy)

Of the Address No/Unit _____ Street _____

Suburb _____ State _____ Country other than Australia _____

Next of Kin Details

Senior Next of Kin _____ (Print Name)

Relationship to the Deceased _____

Signature of Next of Kin _____ Date _____

Or Signature of Funeral Director _____ Date _____

To confirm a deceased is ready for release please call the Mortuary administration office on
Ph: (02) 8584 7821 after 10am

Cremation Applications please fax to the Coroners Court Fax: (02) 9660 7594

Please be advised that there will be no releases between 8am and 10am weekdays.