

Authority to Release Deceased Form



PERRY & OSTER
FUNERALS

To the Medical Superintendent of

I, _____ being the

of the late

DOD:

Residential Address:

Declaration by authorised person for release of the deceased

I Give authority to Perry and Oster Funerals to transfer the body of the deceased named above into their care in order to conduct funeral arrangements.

Signed:

Name _____ :

Date:

In the event the relative/next of kin is not available to sign, then a Justice of the Peace must sign in their absence.

Signed:

Name :

Date:

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