



MORTUARY RELEASE DOCUMENT

This form is to be completed by the Funeral Director or an authorised person (their employee) before removing the deceased from the mortuary.

I, _____ employed by _____

(Print full name)

(Print company name)

am authorized to take the deceased, _____

Patient ID Number: _____

from the Hospital mortuary. I acknowledge that it is the responsibility of the funeral director to obtain the medical certificate of cause of death, as soon as possible and prior to the burial or the cremation of the deceased.

SIGNATURE: _____

DATE: _____

TIME: _____

Current Funeral Directors Licence

Photo Identification Checked