

Phone 49212673 Email: essentialfunerals@live.com.au
152 Alma Street, Rockhampton QLD 4700
www.qualitycremationservices.com

AUTHORITY TO RELEASE DECEASED BODY

To: The Medical Superintendent	of the	Hospita
I,(Print Name)	be	eing the personal representative/senior
available next of kin and the pers	son responsible for makir	ng funeral arrangements for the late:-
(Deceased's Full Name)		
(Deceased's Residential Address)		
(Date of Birth)	(Date of Death)	(Gender)
authorise Quality Cremation Ser		of the body of the deceased for the
Signed:		
Print Name:		
Relationship to Deceased:		
Date:		
	from that person(s) to remove t	available to sign (eg. Interstate), then a Justice of the the deceased may sign in their absence to confirm the
Signed:	(Signature – Just	stice of the Peace)

Date:

Print Name: