



LIS/CASE NUMBER LABEL
(PATHWEST ONLY)

AUTHORITY TO COLLECT DECEASED

DECEASED DETAILS

Given Names: _____ Last Name: _____

MALE FEMALE (Unknown)

Mother's Full Name (if applicable): _____

Date of Birth: ____/____/____ Date of Death: ____/____/____ UMRN: _____

Address: _____

PART A – Non-Coronial body release: To be completed by Executor or Next of Kin (not applicable for Coronial body transfers or release)

Given Name _____ Family Name _____

Address _____

Contact Phone Number _____

I (print name) _____

give authority to (Funeral Director) _____

to collect the body of (name of deceased) _____

Relationship to Deceased _____

If nominated as a delegate of the Executor/Next of Kin, please provide details:

I confirm that I have full and proper authority to permit the facility to release the body of the above-named deceased person to the funeral director on this form.

Signature: _____ Date: _____

PART B – To be completed by Funeral Director or contractor (Where a person collecting the body is not a funeral director, please contact PathWest to confirm that all necessary approvals have been obtained)

Funeral Company / Contractor Name _____

Address _____

Transfer Company (if applicable) _____

Contact Person _____

Phone: _____ Fax or Email: _____

Signature: _____ Date: _____


PART C – To be completed by PathWest Mortuary / Hospital staff:

CHECKLIST	YES	N/A
Part A completed, including written authorisation from senior next of kin to release deceased to Funeral Company provided. (Note: Not applicable for coronial body transfers to QEII State Mortuary or coronial releases.)		
Coronial body releases only: Coroner's Form 4 received, filed and checked against deceased ID		
Deceased ID on Medical Certificate of Cause of Death, Cremation Act 1929 Form 7 (if applicable), Perinatal Release form (if applicable), Mortuary Register and ID bands on deceased checked and matching.		
Original <i>Medical Certificate Cause of Death</i> (BDM201 or BDM202) given to Funeral Director/Contractor.		
Original <i>Cremation Act 1929 Form 7</i> given to Funeral Director/Contractor (not required for burials).		
Property noted and released with deceased, including:		
Mortuary Register signed and dated by Funeral Director/Contractor and staff member.		

This section indicates that the following two people have checked section A, section B and together have performed the deceased ID check prior to the release of the body to the Funeral Director/Contractor.

Mortuary/Hospital Staff Name: _____ Signature: _____

Position: _____ Date: _____

Funeral Director / Contractor Name: _____ Signature: _____

Position: _____ Date: _____

* Note: This completed form must remain in the mortuary to be scanned into the LIS by PathWest Mortuary staff.

PART D – Non-Coronial body release: Guide on Executor/Next of Kin (refer to Coroner's Form 4 for coronial release)

Part A should be completed by the executor of the deceased person's will. If this person is not available or there is no will then the following hierarchy can be used as a guide to identify the next of kin:

Next of kin of a deceased adult means, in the following order of seniority:

1. a person who was a spouse or de-facto (including same sex partner) of the deceased immediately before the person's death
2. where the deceased person has no spouse or the spouse is not available, a son or daughter of the deceased person, who has attained the age of 18 years
3. where no person referred to in 1 or 2 is available, a parent of the deceased person
4. where no person referred to in 1, 2 or 3 is available, a brother or sister of the deceased person, who has attained the age of 18 years

Next of kin of a deceased child means, in the following order of seniority:

1. a parent of the child
2. where a parent to the child is not available, a brother or a sister of the child, who has attained the age of 18 years
3. where no person referred to in point 1 or 2 is available, a person who is guardian of the child immediately before the child's death.

If the person who assumes the role as the Senior Next of Kin does not wish to provide authority, they may nominate another person as their "delegate". Reason for this delegation must be documented in **Part A** of this form.

Perth Children's Hospital and **King Edward Memorial Hospital**, email to: perinatal.pathology@health.wa.gov.au
Sir Charles Gairdner Hospital state mortuary, please email to: mortuaryadmissions.pathwest@health.wa.gov.au
Fiona Stanley Hospital (adults), please email to: fsh.mortuary@health.wa.gov.au