



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.)		
<b>Coronial body releases only:</b> 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), P98A (coronial transfers only), 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).		
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 (not applicable for coronial body transfers – 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](mailto:perinatal.pathology@health.wa.gov.au)  
**Sir Charles Gairdner Hospital** state mortuary, please email to: [mortuaryadmissions.pathwest@health.wa.gov.au](mailto:mortuaryadmissions.pathwest@health.wa.gov.au)  
**Fiona Stanley Hospital** (adults), please email to: [fsh.mortuary@health.wa.gov.au](mailto:fsh.mortuary@health.wa.gov.au)