

**FORM FOR THE RELEASE OF A PATIENT FROM THE HOSPITAL MORTUARY**

Please present this completed form to your appointed funeral director.

**Name of deceased person and the date of death**

Forename(s) or known name (s)………….……………………………………………………………………

Surname or family name………………………………………………………………………..………………

Date of birth…………………… Date of death………………….…..

Ward……………..…………….. Hospital number……………………

……………………………………………………………………………………………………..…………………..

Signature……………………………………………………………… Date…………………………………….

**Declaration by the person authorising collection of the deceased person**

*I authorise the person or organisation named below to collect the deceased person and any property noted*.

Name……………………………………………... Relationship to deceased…………………………………

Your address……………………………………..…………………………………..……………………………..

Signature ………………………………………… Date………………………….

……………………………………………………………………………………………………..…………………..

Signature……………………………………………………………… Date…………………………………….

**Name of person or organisation authorised to collect the deceased person**

*Please present this form to the mortuary when collecting the deceased*

Name………………………………………………… Organisation……………………………………………...

Tel……………………….. ……………………………Fax…………………………………………..……………

Email………………………………………………………

Notes:

No further involvement will be undertaken by the Trust after the deceased has been removed on presentation of a correctly completed release form.