



Logan and Beaudesert Hospitals
Metro South Health

AUTHORITY TO RELEASE DECEASED BODY

To: The Director of Medical Services of LOGAN Hospital.

I, _____ being the personal representative / senior
(Print Name) (Delete as Applicable)
available next of kin and the person responsible for making funeral arrangements for the late:

Deceased's Full Legal Name: _____

Date of Birth: _____

Gender: _____

Last Residential Address: _____

Authorise MUSLIM FUNERAL SERVICES LTD (MFS) to take possession of the body of the deceased,
(Funeral Home Name)
for the purpose of conducting funeral arrangements.

Signed: _____
(representative / senior)

Print Name: _____

Date: _____

In the event the personal representative/senior available next of kin is not available to sign (e.g. Interstate), then a Justice of the Peace who has received verbal instructions from that person(s) to remove the deceased may sign in their absence to confirm the authority granted to remove the deceased's body.

Signed: _____
(Signature – Justice of the Peace)

Print Name: _____

Date: _____