



**Queensland  
Government**

**Record of Release of Deceased  
Person**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

To: **The Executive Director of Medical Services, Townsville Hospital and Health Service.**

I, .....  
(Print name) (Relationship to deceased)

being the Executor (of estate) / personal representative / senior available next of kin and the person responsible for making funeral arrangements for

(Deceased's name)

authorise .....  
(Funeral home name)

to take possession of the body of the deceased for the purpose of conducting funeral arrangements.

Signed: ..... Date: ..... / ..... / .....

**Release of Deceased Person From Inpatient Unit Only**

*This section must be completed before the deceased is released*

Documents provided with the deceased	Funeral Home Rep to Initial		List clothing and valuable items remaining on or released with the deceased (to be completed by hospital staff)
	Yes	No	
Body identification confirmed			
Clothing/valuables as listed			
Copy of this form			
Copy of Life Extinct form			
Other			

Released by:

Name: ..... Signature: ..... Designation: .....

Received by:

Name: ..... Signature: ..... Designation: .....

Date: ..... / ..... / ..... Time: ..... : ..... hrs

DO NOT WRITE IN THIS BINDING MARGIN  
DO NOT REPRODUCE BY PHOTOCOPYING

v5 - Last reviewed 09/17



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