

Transport authorisation form

To:

Fax No:

From:

Contact No:

CC:

Date:

Number of pages including cover page:

Re: TRANSPORT AUTHORISATION FROM ANATOMICAL PATHOLOGY

The following information is intended for the addressee only and is CONFIDENTIAL.

The parents authorise baby _____
can be released into the care of Funeral Providers _____,
for the purposes of transportation

SIGNED BY PARENT/LEGAL GUARDIAN: _____

Name of Parent/Legal Guardian: _____

Date: ____/____/____

FUNERAL DIRECTORS: _____

Address: _____

Contact Details: Phone: _____ Fax: _____

GARMENTS AND MEMENTOES

I/we have provided garments and mementoes: No Yes

List items _____
