

Newcastle Upon Tyne Hospital Release Form

All sections must be completed, countersigned by both parties and the next of kin before a release can take place.

SECTION 1: To be completed by the Funeral Director who has been granted permission from the family to transfer the patient into their care.

Name of patient:

Address:.....

.....Postcode:

Date of birth:Date of death:

Place of death (Ward no):

NOK Print Name:.....NOK Signature:.....

By signing this form you are agreeing to allow the funeral director to transfer the patient from Newcastle hospital Trust into their care.

Unique ID: DM.....Care centre reference:

Cremation / Burial /Transfer (Circle as appropriate)

SECTION 2: To be completed by Funeral Director & Trust staff member Patient property

Jewellery YES/NO (if yes, please specify).....

Clothing: Hospital Gown / Pyjamas / Shroud / Other Clothing (please specify)

Any other items YES/NO (if yes, please specify)

Funeral Company:

Print Name:..... Signature:

Mortuary Staff Apex Code:..... Signature:.....

Date: Time:

