

Mortuary Department

Lister Hospital
Coreys Mill Lane
Stevenage
Herts
SG1 4AB

Telephone: 01438 285408

Email: listermortuary.enh-tr@nhs.net

Release of a deceased person from Lister Hospital NHS Trust Mortuary
Please complete fully

Details of deceased person

Surname*

Forename/s*

Address*

Date of Birth*

Date of Death*

Mortuary URN*

Please contact Mortuary for this number

*Must be completed

Declaration by the person authorising collection of the deceased person

I (Funeral Director) _____ have been given instruction by the relatives / Executors / person making the funeral arrangements (please delete as necessary) of the above named deceased person to take lawful possession of the body.

Name of person instructing Funeral Director

Surname

Forename/s

Address

Relationship to deceased person -

I declare that, to the best of my knowledge and belief, I am entitled to take lawful possession of the above named deceased person for the purpose of burial / cremation (please delete as necessary) and I authorise the organisation named below to collect the deceased person and any property accompanying the deceased person.

Funeral Director

Funeral Director address

Funeral Director Signature

Print name

Date

The 'Green' registration document will no longer be required.

This deceased person will only be released from Lister Hospital Mortuary with this form when it has been fully completed.