

Date form completed .....

Please allow .....

Funeral director of .....

Telephone number .....

To remove .....

Date of birth ..... Date of death.....

Address of deceased .....

Authorised by Name (Block capitals) .....

Relationship to deceased .....

Address: .....

Telephone number .....

Method of authorisation (please indicate by circling the option):

Signature of authorising individual: .....

E-mail confirming funeral arrangement

Evidence of funeral plan

Copy of the green form 9

If none of the above available, verbal consent obtained by

Name..... Signature..... on.....