

## 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 No: \_\_\_\_\_

### Garments and Mementoes

I/we have provided garments and mementoes:  No  Yes. List items \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_