

Certificate releasing body parts for cremation

Please complete this form in full, if a part does not apply enter 'N/A'.

Part 1 Details of the deceased

Full name

Address

Age at date of death

Sex

Male Female

Date of death

 / /

Place of death

Part 2 Body parts for release

I confirm on behalf of (insert name and address of hospital trust or other authority lawfully holding the body parts)

that the following body parts are held in respect of the deceased—

Heart Brain Chest Abdominal

other Organs (please specify)

continued over the page →

