

**Section A – Patient details (patient, HHS or specialist to complete)**

Title:	Given name(s):	Family name:	Date of birth (DD/MM/YYYY):
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Date of death (DD/MM/YYYY):	Place of death (Hospital / Facility name):
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Does the deceased identify as being of Aboriginal or Torres Strait Islander descent?:

 No    Yes, Aboriginal    Yes, Torres Strait Islander    Yes, both Aboriginal and Torres Strait Islander

**Patient escort details**

Title:	Full name:	Date of birth (DD/MM/YYYY):	Contact number:
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Notes:
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**Section B – Evidence**
**Please attach evidence to facilitate transport**
 Life Extinct Form    Funeral Director invoice for transport    Other:

Name of Funeral Director:	Contact details:
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**Section C – Return travel for Escort (if travel not booked, specialist or treating HHS to complete)**

Date ready to travel home (DD/MM/YY):	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
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**Recommended return mode of travel:**    Private motor vehicle    Air    Bus    Rail    Ferry

**Section D – Approving hospital details (Home HHS)**

Hospital name:	Contact person:	Contact number:
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Transport authorised to:
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Transport details:
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Notes:
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**Section E – Escort declaration (Patient escort to complete)**

*The information provided is true and accurate at the time of application. I give my permission for Hospital and Health Service staff to obtain information about the deceased patient for the purpose of administering my application. I understand that the family of the deceased patient is responsible for making the transport arrangements with the Funeral Director in consultation with Hospital and Health Service staff. I understand that repatriation is for transportation costs and excludes costs associated with the funeral service.*

Escort signature:	Date (DD/MM/YY):
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**Hospital and Health Service use only**
*I, as the medical superintendent (or representative), authorise the above transport as required.*

Approver name:	Approver signature:	Date (DD/MM/YY):
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