

Authoricad by



NOMINATED FUNERAL DIRECTOR FORM FOR NURSING HOME AND HOSPICE CLIENTS

(PLEASE GIVE THIS FORM TO NURSING HOME STAFF)

NOTIFY CHOICE OF FUNERAL DIRECTOR

In the event of the passing of

I hereby nominate Umhlanga Funerals (Pty) Ltd. to be engaged to carry out the transfer and assist my family in determining funeral arrangements.

Authoriseu by	,	
Print Name :		
Signature :		
Relationship :		
Dated :		

Umlhanga Funerals (Pty) Ltd.