Hospital Authority (HA)
Hong Kong Children's Hospital
醫院管理局
香港兒童醫院

Application Form of Fee Waiver for Mortuary Service (Special Transitional Arrangement)

Please submit the completed Application Form **in person** or **by mail** to the hospital's Death Documentation Office
請將填妥的申請表**親自**或以**郵寄方式**遞交至本院的死亡文件辦事處
Address 地址: Death Documentation Office, 5/F, Tower A, Hong Kong Children's Hospital, 1 Shing Cheong Road, Kowloon Bay, Kowloon, Hong Kong
香港九龍九龍灣承昌道一號香港兒童醫院A座五樓死亡證件辦事處
Telephone 電話：3513 6258

殮房服務收費豁免申請表（特別過渡安排）

Application Notice on the Special Transitional Arrangement 特別過渡安排申請須知：

(a) The charges for mortuary service at HA are effective from 1 January 2026.
醫院管理局殮房服務收費已於 2026 年 1 月 1 日起實施。

(b) On compassionate ground, for the deceased whose bodies have been stored in HA mortuary on or before 31 December 2025, the next-of-kin or representative of the deceased can apply special transitional arrangement:
   - Waiver of the mortuary charge from 1 to 28 January 2026; and
   - Adjustment of the mortuary charge to $200 per day from 29 January to 4 February 2026 ; $550 per day thereafter.

   基於恩恤考量，如遺體於 2025 年 12 月 31 日或之前已存入醫管局殮房，親屬或先人代表可申請特別過渡安排:
   - 減免 2026 年 1 月 1 日至 28 日的殮房收費；及
   - 2026 年 1 月 29 日至 2 月 4 日的殮房收費調整至每日 200 元 ; 其後為每日 550 元。

Deceased Patient Particulars 已故病人資料

Name (English) : _____ 中文姓名 : _____

HKID No./ Passport No.* 香港身份證／護照號碼* : _____

Signature of Next-of-kin or Representative of the Deceased 親屬或先人代表簽署

Name of Next-of-kin or Representative of the Deceased 親屬或先人代表姓名	Relationship with Deceased 親屬或先人代表與死者關係	HKID No. 香港身份證號碼

I would like to apply for the fee waiver for mortuary charge (Special Transitional Arrangement). 本人欲申請殮房服務收費豁免（特別過渡安排）。

Signature 簽署	Date 日期

* 請刪去不適用者 □請在適當的空格內填上√

This part to be completed by Death Documentation Office

The deceased's body stored in hospital mortuary before 1 January 2026

□ Yes □ No

Remarks:_____

Staff Name and Signature : Date :

_____ _____

This part to be completed by Finance

Recommendation :

□ Hospital Chief Executive for waiver approval [Amount $_____]

□ Waiver is not supported Reason : _____

Remarks: _____

Staff Name and Signature : Date :

_____ _____