



U.S. Department of State
Report of Death of an American Citizen Abroad

Please complete the highlighted areas below.

(Post & date of issue)

SSA No.

Social Security Number
Age

Name in full

Deceased's Full name (as it appears in U.S. passport)

Date and Place of Birth

Deceased's Date of Birth

Deceased's Place of Birth

Evidence of U.S. Citizenship

Deceased's Current passport number and issuance date OR Naturalization Cert. No. and date and place of issuance.

Address in U.S.A.

Deceased's Address in U.S.

Permanent or Temporary Address Abroad

Deceased's Address in Philippines

Date of death

(Month)

(Day)

(Date found on Death Certificate)

(Year)

Place of death

(Number and street) or (Hospital or hotel) Location (Found on Death Certificate) (City) (Country)

Cause of death

Cause of Death (Found on Death Certificate) (Including authority for statement - if physician, include full name and official title, if any)

Disposition of the remains

Cremated OR Buried
Circle One

Philippines OR U.S.A. OR Other:
Location of Remains - Circle One

Local law governing disinterment of remains provides that

Disposition of the effects

List person who has custody of deceased's belongings

Person or official responsible for custody of effects and accounting therefore

List person responsible for deceased's belongings

Traveling/residing abroad with relatives or friends as follows:

NAME

ADDRESS

Informed by telegram or telephone

NAME

ADDRESS

DATE NOTIFIED

Copy of this report sent to:

NAME

ADDRESS and CONTACT NO.

DATE SENT

Name of Next of Kin to whom report is being sent.

Only list Next of Kin with proof of relationship.

Mailing address of Next of Kin

Notification or copy sent to Federal Agencies: SSA VA CSC Other

(State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520

Remarks:

(Continue on reverse if necessary.)

[SEAL]

(Signature on all copies)

of the United States of America.

(Last name)

(First name)

(Middle name)

(Date of death)