

**Request for Information for Preparation of Consular Report of Death
Abroad Certificate**

Please provide the following information about the deceased and return the form to the Embassy with the following:

- 1) Medical Cause of Death certificate
- 2) National Population Commission Death Certificate
- 3) Proof of U.S. citizenship (U.S. passport or a naturalization certificate, or a certified copy of the U.S. birth certificate.)
- 4) Secondary Proof of Death (funeral program, announcement, photo)

Personal Data (deceased)

Full Name: _____

Social Security Number: _____

Date of Birth: _____ Place of Birth _____

Date of Death: _____ Time of Death _____

Place of Death (For example, home with address, hospital with city, Etc.):

Determining Authority (Doctor) _____

Hospital/Clinic _____

Last U.S. Address:

Last Address Overseas:

Telephone No.: _____

Next of Kin

Name: _____

Relationship: _____

Address:

Telephone No.: _____

Traveling or Residing with Relatives or Friends as Follows

Name: _____

Relationship: _____

Address:

Telephone No.: _____

Funeral Arrangements (Current Location of Remains)

Current Location of Remains

Mortuary Name/Address _____

OR

Cemetery Name & Address & Plot Number

Date of Burial: _____

OR

Cremation

Name & Address of Crematorium:

When & Where ashes scattered, interred or held:

Date of Cremation: _____

Property of the deceased

Current Location of Effects:

Person or Official Responsible for Custody & Accounting of Effects
Name:

Address:

**If the deceased received regular payments from any of the following,
please give the claim number and the amount
received:**

Social Security: _____

Veterans Administration: _____

Civil Service: _____

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.**

Signature: _____

Name

(printed): _____

Relationship to

deceased: _____

Address: _____

Telephone

No. _____