



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS
REPORT OF DEATH

FOR FILIPINOS WHO DIED ABROAD

Date of report
(day-month-year)

Foreign Service Post: BERNE GENEVA

PARTICULARS OF THE DECEASED

1. LAST NAME	<input type="text"/>	6. DATE OF BIRTH	<input type="text"/>
2. FIRST NAME	<input type="text"/>	<small>(day-month-year)</small>	
3. MIDDLE NAME	<input type="text"/>	7. PLACE OF BIRTH	<input type="text"/>
4. OCCUPATION	<input type="text"/>	8. SEX	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
5. CITIZENSHIP	<input type="text"/>	9. CIVIL STATUS	<input type="checkbox"/> Single <input type="checkbox"/> Married
10. PASSPORT NO.	<input type="text"/>		<input type="checkbox"/> Divorced/ Annulled <input type="checkbox"/> Widow/er
		11. PROOF OF PH CITIZENSHIP	<input type="text"/>
			<small>(in the absence of Philippine Passport)</small>
12. NAME OF SURVIVING SPOUSE/ RELATIVE	<input type="text"/>		
13. ADDRESS OF SURVIVING SPOUSE/ RELATIVE	<input type="text"/>		

PARTICULARS OF DEATH

14. DATE OF DEATH	<input type="text"/>	17. TIME OF DEATH	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<small>(date-month-year)</small>				
15. PLACE OF DEATH	<input type="text"/>			
<small>(include hospital or institution's Name, city, state or province, country)</small>				
16. IMMEDIATE CAUSE OF DEATH	<input type="text"/>			
<small>(technical statement as cause of death, as given by Competent authority or probable cause of death)</small>				
18. INFORMANT'S NAME	<input type="text"/>	22. RELATIONSHIP TO DECEASED	<input type="text"/>	
19. INFORMANT'S ADDRESS	<input type="text"/>	23. INFORMANT'S SIGNATURE	<input type="text"/>	
20. DISPOSITION OF REMAINS	<input type="text"/>			
24. PLACE OF BURIAL	<input type="text"/>			

25. SUPPORTING DOCUMENTS SUBMITTED	26. IF SHIPPED TO THE PHILIPPINES: <input type="checkbox"/> REMAINS IN COFFIN <input type="checkbox"/> ASHES IN URN
<input type="checkbox"/> Death Certificate	27. FLIGHT NO. <input type="text"/>
<input type="checkbox"/> Transit Certificate	28. DATE OF SHIPMENT <input type="text"/>
<input type="checkbox"/> Notarized Mortuary Certificate	<small>(day-month-year)</small>
<input type="checkbox"/> Embalmer's/ Cremation Certificate	29. NAME OF CONSIGNEE <input type="text"/>
<input type="checkbox"/> Non Contagious Disease Certificate	30. ADDRESS OF CONSIGNEE <input type="text"/>
<input type="checkbox"/> Others (specify) _____	31. NAME OF MORTUARY/ CREMATOR <input type="text"/>
	32. ADDRESS OF MORTUARY/ CREMATOR <input type="text"/>

EMBASSY/ CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES

The report has been executed in triplicate, copy furnished the contracting parties, copy transmitted to the Civil Registrar through the Department of Foreign Affairs, and copy placed in the files of this Office.

Remarks: _____

Date: _____
Service No. _____
O.R. No.: _____
Fee Paid: _____

SEAL

REPUBLIC OF THE PHILIPPINES