



U.S. Department of State

REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

Post _____ Date of Issue (mm-dd-yyyy) _____
SSA No. _____
Name in full _____ Age _____
Date (mm-dd-yyyy) and Place of Birth _____
Evidence of U.S. Citizenship _____
Address in U.S.A. _____
Permanent or Temporary Address Abroad _____
Date of death _____
Month Day Hour Minute Year
Place of death _____
Number and street, or Hospital/ hotel City Country
Cause of death _____
Including authority for statement - if physician, include full name and official title, if any

Disposition of the remains _____
Local law governing disinterment of remains provides that _____
Disposition of the effects _____
Person or official responsible for custody of effects and accounting therefore _____

Traveling/residing abroad with relatives or friends as follows:
NAME ADDRESS

Informed by telegram or telephone _____
NAME ADDRESS DATE (mm-dd-yyyy) NOTIFIED

Copy of this report sent to: _____
NAME ADDRESS DATE (mm-dd-yyyy) SENT

Notification or copy sent to Federal Agencies: SSA _____ VA _____ OPM _____ Other _____
State Agency
The original copy of this document and information concerning the effects are being placed in the permanent files of the
U.S. Department of State, Passport Vital Records Section, CA/PPT/S/TO/RS/DO/MR, 1150 Passport Services PL, 6th
Floor, Dulles, VA 20189-1150.
Remarks:

(Continue on reverse if necessary.)

[SEAL] _____
Signature on all copies
_____ of the United States of America.

(Last name)

(First name)

(Middle name)

(Date (mm-dd-yyyy) of death)

For Additional Certified Copies, see