



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

2. FIRST NAME

3. MIDDLE NAME

4. OCCUPATION

5. CITIZENSHIP

6. DATE OF BIRTH
(day-month-year)

7. PLACE OF BIRTH

8. SEX FEMALE MALE

9. CIVIL STATUS Single Married
 Divorced/ Annulled Widow/er

10. PASSPORT NO.

11. PROOF OF PH CITIZENSHIP
(in the absence of Philippine Passport)

12. NAME OF SURVIVING SPOUSE/ RELATIVE

13. ADDRESS OF SURVIVING SPOUSE/ RELATIVE

PARTICULARS OF DEATH

14. DATE OF DEATH
(date-month-year)

15. PLACE OF DEATH
(include hospital or institution's Name, city, state or province, country)

16. IMMEDIATE CAUSE OF DEATH
(technical statement as cause of death, as given by Competent authority or probable cause of death)

17. TIME OF DEATH AM PM

18. INFORMANT'S NAME

19. INFORMANT'S ADDRESS

20. DISPOSITION OF REMAINS

21. RELATIONSHIP TO DECEASED

22. INFORMANT'S SIGNATURE

23. PLACE OF BURIAL

24. SUPPORTING DOCUMENTS SUBMITTED

Death Certificate

Transit Certificate

Notarized Mortuary Certificate

Embalmer's/ Cremation Certificate

Non Contagious Disease Certificate

Others (specify) _____

25. IF SHIPPED TO THE PHILIPPINES: REMAINS IN COFFIN ASHES IN URN

26. FLIGHT NO.

27. DATE OF SHIPMENT
(day-month-year)

28. NAME OF CONSIGNEE

29. ADDRESS OF CONSIGNEE

30. NAME OF MORTUARY/ CREMATOR

31. ADDRESS OF MORTUARY/ CREMATOR

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