



## 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)		(Last name)
SSA No.				
Name in full		Age		
Date (mm-dd-yyyy) and Place of Birth				(First name)
Evidence of U.S. Citizenship				
Address in U.S.A.				
Permanent or Temporary Address Abroad				(Middle name)
Date of death				
Month	Day	Hour	Minute	
Place of death				(Date (mm-dd-yyyy) 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				(Date (mm-dd-yyyy) of death)
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		(Date (mm-dd-yyyy) of death)
Informed by telegram or telephone		DATE (mm-dd-yyyy)		
NAME	ADDRESS	NOTIFIED		
Copy of this report sent to:		DATE (mm-dd-yyyy)		
NAME	ADDRESS	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.				

For Additional Certified Copies, see