



REPORT OF DEATH

INFORMATION ON DECEASED
To be filled-up by the informant

| | | | | | |
|---|----------------|---------------|---|---------|--|
| 1. DECEASED'S LAST NAME (surname or family name) | | | 4. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| 2. DECEASED'S FIRST NAME (given name(s) written on birth certificate or passport) | | | 5. AGE | | |
| 3. DECEASED'S MIDDLE NAME (mother's maiden surname, or if married, applicants's maiden surname) | | | 6. DATE OF BIRTH | | |
| | | Day | Month | Year | |
| 7. CIVIL STATUS | 8. CITIZENSHIP | 9. OCCUPATION | | | |
| 10. IDENTIFICATION SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> CERT. OF NATURALIZATION <input type="checkbox"/> PASSPORT NO. _____ <input type="checkbox"/> OTHERS pls. state _____ | | | | | |
| 11. ADDRESS IN THE U.S. OR COUNTRY OF RESIDENCE (apartment no., street, town or city, province, county, postal code) | | | | | |
| 12. LAST KNOWN ADDRESS IN THE PHILIPPINES (house no., street, town or city, province, postal code) | | | | | |
| 13. NAME AND ADDRESS OF RELATIVES OR FRIENDS IN THE PHILIPPINES | | | | | |
| NAME | | RELATIONSHIP | | ADDRESS | |
| a. | | | | | |
| b. | | | | | |
| 14. NAME AND ADDRESS OF RELATIVES OR FRIENDS OUTSIDE THE PHILIPPINES (including informant) | | | | | |
| NAME | | RELATIONSHIP | | ADDRESS | |
| a. | | | | | |
| b. | | | | | |

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|--|-------|-------------------|------------------|---|---------------------------|
| 15. DATE OF DEATH | | 16. TIME OF DEATH | | 17. PLACE OF DEATH (include hospital or institution's name, city, state or province, country) | |
| Day | Month | Year | Hour | Minute | |
| 18. INFORMANT'S NAME (first name, middle name, last name) | | | 19. RELATIONSHIP | | 21. INFORMANT'S SIGNATURE |
| 20. INFORMANT'S MAILING ADDRESS (apartment no., street, town or city, province, county, postal code) | | | | | |

To be provided by the
Funeral Home

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|---|--|---|--|---|--|
| 22. CAUSE OF DEATH (as stated in Death Certificate) | | | | | |
| 23. DISPOSITION OF REMAINS | | | 24. PLACE OF BURIAL (town or city, province or state, country) | | |
| 25. SUPPORTING DOCUMENTS SUBMITTED | | | | | |
| <input type="checkbox"/> DEATH CERTIFICATE | | <input type="checkbox"/> NOTARIZED MORTUARY CERTIFICATE | | <input type="checkbox"/> EMBALMER'S/CREMATION CERTIFICATE | |
| <input type="checkbox"/> TRANSIT CERTIFICATE | | <input type="checkbox"/> NON CONTAGIOUS DISEASE CERTIFICATE | | <input type="checkbox"/> OTHERS (specify) | |
| 26. FUNERAL PARLOR | | | 27. ADDRESS OF FUNERAL PARLOR | | |
| 28. DISPOSITION OF EFFECTS | | | 29. PERSON OR OFFICIAL RESPONSIBLE FOR CUSTODY OF EFFECTS | | |
| 30. NAME OF FUNERAL SERVICE LICENSEE | | | 31. SIGNATURE OF FUNERAL SERVICE LICENSEE | | |

FOR OFFICIAL USE ONLY

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|----------|--|-------|
| | This Report of Death was registered on _____ at _____ | |
| | _____ , under no. _____ of the | |
| | Civil Registry Record Book to be forwarded in duplicate to the Department of Foreign Affairs; or in triplicate when the decedent is a Philippine citizen seaman, beneficiary of the Veterans Administration, or an officer or employee of the Philippine Government. | |
| | Document No. | _____ |
| | Series of | _____ |
| | Service No. | _____ |
| Fee | _____ | |
| O.R. No. | _____ | |
| _____ | | |
| Consul | | |