



U.S. Department of State
REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD

.....
 (Post & date of issue)

SSA No.

Name in full Age

Date 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 or 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 therefor

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS
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Informed by telegram or telephone

NAME	ADDRESS	DATE NOTIFIED
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Copy of this report sent to:

NAME	ADDRESS	DATE SENT
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Notification or copy sent to Federal Agencies: SSA _____ VA _____ CSC _____ Other _____
 (State Agency)

The original copy of this document and information concerning the effects are being placed in the permanent files of the Department of State, Washington, D.C. 20520

Remarks:

.....
 (Continue on reverse if necessary.)

[SEAL]

.....
 (Signature on all copies)

.....
 of the United States of America.

(Last name)

(First name)

(Middle name)

(Date of death)