



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE

FA FORM NO.39

(REVISED JUNE 2013)

REPORT OF DEATH

OF A PHILIPPINE CITIZEN ABROAD

DATE OF REPORT
(day-month-year)

THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK. INDICATE N/A IF NOT APPLICABLE

Foreign Service Post:

ID #

PARTICULARS OF THE DECEASED

1. LAST NAME	<input type="text"/>	6. DATE OF BIRTH	<input type="text"/>
2. FIRST NAME	<input type="text"/>	<small>(day-month-year)</small>	
3. MIDDLE NAME	<input type="text"/>	7. PLACE OF BIRTH	<input type="text"/>
4. OCCUPATION	<input type="text"/>	8. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
5. CITIZENSHIP	<input type="text"/>	9. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/WIDOWER
10. EVIDENCE OF CITIZENSHIP	<input type="text"/>	11. PASSPORT NO.	<input type="text"/>
12. NAME OF SURVIVING SPOUSE/RELATIVE	<input type="text"/>		
13. ADDRESS OF SURVIVING SPOUSE/RELATIVE	<input type="text"/>		

PARTICULARS OF DEATH

14. DATE OF DEATH	<input type="text"/>	17. TIME OF DEATH	<input type="text"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM
<small>(day-month-year)</small>				
15. PLACE OF DEATH	<input type="text"/>			
<small>Includes hospital or institution's name, city, state or province, country</small>				
16. IMMEDIATE CAUSE OF DEATH	<input type="text"/>			
<small>(technical statement as cause of death, as given by competent authority or probable cause of death)</small>				
18. INFORMANT'S NAME	<input type="text"/>	22. RELATIONSHIP TO DECEASED	<input type="text"/>	
19. INFORMANT'S ADDRESS	<input type="text"/>	23. INFORMANT'S SIGNATURE	<input type="text"/>	
20. DISPOSITION OF REMAINS	<input type="text"/>			
21. DISPOSITION OF EFFECTS	<input type="text"/>	24. PLACE OF BURIAL	<input type="text"/>	

25. SUPPORTING DOCUMENTS SUBMITTED:	26. IF SHIPPED TO THE PHILIPPINES	<input type="checkbox"/> REMAINS IN COFFIN	<input type="checkbox"/> ASHES IN URN
<input type="checkbox"/> Death Certificate	27. FLIGHT NO.	<input type="text"/>	28. DATE OF SHIPMENT
<input type="checkbox"/> Transit Certificate			<input type="text"/>
<input type="checkbox"/> Notarized Mortuary Certificate	29. NAME OF CONSIGNEE	<input type="text"/>	
<input type="checkbox"/> Embalmer's/Cremation Certificate	30. ADDRESS OF CONSIGNEE	<input type="text"/>	
<input type="checkbox"/> Non-Contagious Disease Certificate	31. NAME OF MORTUARY/CREMATOR	<input type="text"/>	
<input type="checkbox"/> Other (Specify)	32. ADDRESS OF MORTUARY/CREMATOR	<input type="text"/>	

EMBASSY/CONSULATE OF THE REPUBLIC OF THE PHILIPPINES

THE INFORMATION AND DATA CONCERNING AN INVENTORY OF THE EFFECTS, ACCOUNTS ETC. HAVE BEEN PLACED UNDER FILE IN THE CORRESPONDENCE OF THIS OFFICE. (To be sent in triplicate to the Department of Foreign Affairs; or to be forwarded in quadruplicate when decedent is Philippine citizen seafarer, a beneficiary of the Veterans Administration or an office or employee of the Philippine Government.)

Remarks: _____

Date _____
 Doc. No. _____
 Service No. _____
 O.R.No.: _____
 Fee paid: _____
 Book No. _____
 Series of _____

SEAL

REPUBLIC OF THE PHILIPPINES