



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE

FA FORM NO. 39
(REVISED JUNE 2013)

REPORT OF DEATH

DATE OF REPORT
(day-month-year)

OF A PHILIPPINE CITIZEN ABROAD

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

Foreign Service Post:

PARTICULARS OF THE DECEASED

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

PARTICULARS OF DEATH

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

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

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