



Revised 05 OCTOBER 2004 (USA)
 FA FORM NO. 39

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	
a.				ADDRESS	
b.					
14. NAME AND ADDRESS OF RELATIVES OR FRIENDS OUTSIDE THE PHILIPPINES (including informant)					
		NAME		RELATIONSHIP	
a.				ADDRESS	
b.					

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

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

	This Report of Death was registered on _____ at the Embassy of the Republic of the Philippines in Washington, D.C., 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.
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