



## REPORT OF DEATH

INFORMATION ON THE DECEASED  
(To be filled-up by the informant)

|   |                |                   |   |   |                           |
|---|----------------|-------------------|---|---|---------------------------|
| 1. DECEASED'S LAST NAME ( surname or family name )  |                |                   | 4. SEX<br><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, applicant's maiden surname )                            |                |                   |   |   |                           |
| 7. CIVIL STATUS   | 8. CITIZENSHIP | 9. OCCUPATION     |   |   |                           |
| 10. IDENTIFICATION SUBMITTED <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> CERT. OF NATURALIZATION    |                |                   |   |   |                           |
| <input type="checkbox"/> ( Country ) <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, county, 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  |                |                   |   |   |                           |
|   |                | NAME              |   | RELATIONSHIP  |                           |
|   |                | ADDRESS           |   |   |                           |
| a.  |                |                   |   |   |                           |
| 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                             |  |   |  |   |  |
| <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 EFFECTS                              |  |   | 29. PERSON OR OFFICIAL RESPONSIBLE FOR CUSTODY OF EFFECTS      |   |  |
| 30. NAME OF FUNERAL SERVICE LICENSEE                 |  |   | 31. SIGNATURE OF FUNERAL SERVICE LICENSEE                      |   |  |

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This Report of Death was registered on \_\_\_\_\_ at the Consulate  
of the Republic of the Philippines in Honolulu, Hawaii, U.S.A. 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.

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