



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	<input type="text"/>	6. DATE OF BIRTH (day-month-year)	<input type="text"/>
2. FIRST NAME	<input type="text"/>	7. PLACE OF BIRTH	<input type="text"/>
3. MIDDLE NAME	<input type="text"/>	8. SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
4. OCCUPATION	<input type="text"/>	9. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW/ER
5. CITIZENSHIP	<input type="text"/>	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 (day-month-year)	<input type="text"/>	17. TIME OF DEATH	<input type="text"/>	<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>	<input type="text"/>			
16. IMMEDIATE CAUSE OF DEATH <i>(technical statement as cause of death, as given by competent authority or probable cause of death)</i>	<input type="text"/>			
18. INFORMANT'S NAME	<input type="text"/>	22. RELATIONSHIP TO DECEASED	<input type="text"/>	
19. INFORMANT'S ADDRESS	<input type="text"/>			
20. DISPOSITION OF REMAINS	<input type="text"/>	23. INFORMANT'S SIGNATURE	<input type="text"/>	
21. DISPOSITION OF EFFECTS	<input type="text"/>	24. PLACE OF BURIAL	<input type="text"/>	

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.	<input type="text"/>	28. DATE OF SHIPMENT (day-month-year)	<input type="text"/>
	29. NAME OF CONSIGNEE	<input type="text"/>		
	30. ADDRESS OF CONSIGNEE	<input type="text"/>		
	31. NAME OF MORTUARY/ CREMATOR	<input type="text"/>		
	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