



U.S. Department of State  
**REPORT OF THE DEATH OF AN AMERICAN CITIZEN ABROAD**

Post		Date of Issue (mm-dd-yyyy)	
SSA No.			
Name in full		Age	
Date (mm-dd-yyyy) and Place of Birth			
Evidence of U.S. Citizenship			
Address in U.S.A.			
Permanent or Temporary Address Abroad			
Date of death			
Month	Day	Hour	Minute
Year			
Place of death			
Number and street, or Hospital/ hotel		City	Country
Cause of death			
Including authority for statement - if physician, include full name and official title, if any			
Disposition of the remains			
Local law governing disinterment of remains provides that			
Disposition of the effects			
Person or official responsible for custody of effects and accounting therefore			
Traveling/residing abroad with relatives or friends as follows:			
NAME		ADDRESS	
Informed by telegram or telephone		DATE (mm-dd-yyyy)	
NAME		NOTIFIED	
ADDRESS			
Copy of this report sent to:		DATE (mm-dd-yyyy)	
NAME		SENT	
ADDRESS			
Notification or copy sent to Federal Agencies: SSA _____ VA _____ CSC _____ Other _____ State Agency			
The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State, Washington, DC 20520			
Remarks:			
(Continue on reverse if necessary.)			
[SEAL]		Signature on all copies	
_____ of the United States of America.			