



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF FOREIGN AFFAIRS

NOT FOR SALE
FA FORM NO.39
(Revised June 2013)

REPORT OF DEATH

OF A PHILIPPINE CITIZEN ABROAD

DATE OF REPORT
(day-month-year)

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

Foreign Service Post: **PHILIPPINE CONSULATE GENERAL, MILAN, ITALY**

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"/> FEMALE <input type="checkbox"/> MALE
4. OCCUPATION		9. CIVIL STATUS	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED
5. CITIZENSHIP			<input type="checkbox"/> DIVORCED/ ANNULLED <input type="checkbox"/> WIDOW/ER
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 (include hospital or institution's name, city, state or province, country)				
16. IMMEDIATE CAUSE OF DEATH (technical statement as cause of death, as given by competent authority or probable cause of death)				
18. INFORMANT'S NAME		22. RELATIONSHIP TO DECEASED		
19. INFORMANT'S ADDRESS		23. INFORMANT'S SIGNATURE		
20. DISPOSITION OF REMAINS				
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"/> Others (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 officer or employee of the Philippine Government.)

Remarks: _____

Doc. No.: _____
Book No.: _____
Page No.: _____
Series of: _____
Fee Paid: _____
OR No.: _____

SEAL

REPUBLIC OF THE PHILIPPINES