

Date Required for the Issuance of a Foreign Service Report of Death

1. Name of deceased:			
	First name	Middle name	Last name
2. Birth:			
	Date	Place	Country
3. U.S. Passport:			
	Number	Date of Issuance	Place of Issuance

* Please submit passport for cancellation

* If deceased was a naturalized American citizen, please submit certificate of Naturalization for annotation.

Number of U.S. certificate of Naturalization:

4. Address of deceased in U.S.:			
	Street	City	State/Zip code

5. Address of deceased in Germany:

6. Date of death:		Place of death:	
(also please give the name and address of hospital)			

Sterbeursache:

7. Cemetery:		
	Name	Address

Interment: yes no

Cremation: yes no

8. Person or official in possession of personal effects:		
Name	Address	Relationship to deceased

9. Person/official/legal representative of deceased or executor of Last Will responsible for custody of effects and accounting therefore:		
Name	Address	Relationship to deceased

10. Relatives to whom copies of report of death should be sent:		
Name	Address	Relationship to deceased
Name	Address	Relationship to deceased
Name	Address	Relationship to deceased

11. Social Security Number of deceased:	
Was the deceased a recipient of Social Security benefits:	<input type="checkbox"/> yes <input type="checkbox"/> no

12. Name, address, and signature of person who completed this questionnaire: