



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

**NOT FOR SALE**  
FA FORM NO.39  
(REVISED MARCH 2013)

**REPORT OF DEATH**

DATE OF REPORT  
(day-month-year)

FOR FILIPINOS WHO DIED ABROAD

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

Foreign Service Post: \_\_\_\_\_

ID# \_\_\_\_\_

**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 BIRTH (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. _____ 28. DATE OF SHIPMENT (day-month-year) _____
	29. NAME OF CONSIGNEE _____
	30. ADDRESS OF CONSIGNEE _____
	31. NAME OF MORTUARY/ CREMATOR _____
	32. ADDRESS OF MORTUARY/ CREMATOR _____

**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: \_\_\_\_\_

Date: \_\_\_\_\_  
Service No.: \_\_\_\_\_  
O.R. No.: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

SEAL

REPUBLIC OF THE PHILIPPINES