



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)

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:

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	( ) MALE ( ) FEMALE
4. OCCUPATION		9. CIVIL STATUS	( ) SINGLE ( ) MARRIED ( ) DIVORCED ( ) WIDOW/ER
5. CITIZENSHIP		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	( ) AM ( ) PM
15. PLACE OF DEATH <small>Includes hospital or institution's name, city, state or province, country</small>			
16. IMMEDIATE CAUSE OF DEATH <small>(technical statement as cause of death, as given by competent authority or probable cause of death)</small>			
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"/> Emblamer's/ Cremation Certificate <input type="checkbox"/> Non Contagious Disease Certificate <input type="checkbox"/> Other (specify)	26. IF SHIPPED TO THE PHILIPPINES: ( ) REMAINS IN COFFIN ( ) 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 office or employee of the Philippine Government.)

Remarks : \_\_\_\_\_

Date : \_\_\_\_\_

Service No. \_\_\_\_\_

O.R. No. \_\_\_\_\_

Fee Paid \_\_\_\_\_

SEAL

REPUBLIC OF THE PHILIPPINES