

PERSONAL INFORMATION

Name of Deceased _____
 Date of Birth _____ Place of Birth _____
 Date of Death _____ Place of Death _____
 NRIC/SSN _____ Name of Deceased's Father _____
 Citizenship _____ Passport No. _____ Location of Passport _____
 Occupation _____ Name of Employer _____
 Address of Employer _____
 Policy Number(s) _____ Issue Date(s) _____

OTHER POLICIES IN FORCE

Company	Policy Number	Year of Issue	Amount

TRAVEL INFORMATION

Date of departure _____ City of departure _____
 Method of travel _____ If by air, airline used _____ Flight No. _____
 Was return trip booked? (provide details) _____
 City of arrival _____ Final destination (City, Country) _____
 Purpose of trip _____ Intended duration _____

DETAILS OF DEATH

If death was by natural causes, please indicate:
 Nature of illness _____ Date of onset _____
 If death was the result of an accident, please indicate:
 Nature of accident _____ Date of accident _____
 Names and addresses of witness(es) _____

 Were police called? Yes No If "Yes", name of Officer and department called _____

 Address at time of death _____
 Exact place of death _____



Death (continued)

Hospital(s) _____

Attending physician(s) _____

Physician certifying death _____

Was autopsy performed? Yes No Was there a coroner's request? Yes No

Was the U.S. Embassy or Consulate involved? Yes No

Please provide details _____

DISPOSITION

Deceased Buried Cremated

When did this occur (mm/dd/yyyy)? _____

Where _____

Permits obtained _____

Names and addresses of two people NOT related to the deceased who were present _____

REMARKS

I certify that the above answers are true and correct to the best of my knowledge and belief.

Signed at _____ on _____
City, Country Date (mm/dd/yyyy)

Signature

Relationship to Deceased

Print Full Name

Address