



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

**NOT FOR SALE**

FA FORM NO.39  
(REVISED JUNE 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: **TOKYO, JAPAN**

**PARTICULARS OF THE DECEASED**

1. LAST NAME	<input type="text"/>	6. DATE OF BIRTH (day-month-year)	<input type="text"/>
2. FIRST NAME	<input type="text"/>	7. PLACE OF BIRTH	<input type="text"/>
3. MIDDLE NAME	<input type="text"/>	8. SEX : ( ) MALE ( ) FEMALE	
4. OCCUPATION	<input type="text"/>	9. CIVIL STATUS: ( ) SINGLE ( ) MARRIED ( ) DIVORCED ( ) WIDOW/ER ( ) ANNULLED	
5. CITIZENSHIP	<input type="text"/>	10. EVIDENCE OF CITIZENSHIP	<input type="text"/>
		11. PASSPORT NO.	<input type="text"/>
12. NAME OF SURVIVING SPOUSE/RELATIVE	<input type="text"/>		
13. ADDRESS OF SURVIVING SPOUSE/RELATIVE	<input type="text"/>		

**PARTICULARS OF DEATH**

14. DATE OF DEATH (day-month-year)	<input type="text"/>	17. TIME OF DEATH	<input type="text"/> ( ) AM ( ) PM
15. PLACE OF DEATH (including hospital or institution's name, city, state or province, country)	<input type="text"/>		
16. IMMEDIATE CAUSE OF DEATH (technical statement as cause of death, as given by competent authority or probable cause of death)	<input type="text"/>		
18. INFORMANT'S NAME	<input type="text"/>	22. RELATIONSHIP TO DECEASED	<input type="text"/>
19. INFORMANT'S ADDRESS	<input type="text"/>		
20. DISPOSITION OF REMAINS	<input type="text"/>	23. INFORMANT'S SIGNATURE	<input type="text"/>
21. DISPOSITION OF EFFECTS	<input type="text"/>	24. PLACE OF BURIAL	<input type="text"/>

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"/> Copy of Passport or Birth Certificate of Deceased <input type="checkbox"/> Copy of Identification of Informant <input type="checkbox"/> Others (specify)  <input type="text"/>	26. IF SHIPPED TO THE PHILIPPINES: ( ) REMAINS IN COFFIN ( ) 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/CREMATORIUM <input type="text"/>
	32. ADDRESS OF MORTUARY/CREMATORIUM <input type="text"/>

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

Doc. No. \_\_\_\_\_

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

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

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

Book No. \_\_\_\_\_

Series of \_\_\_\_\_

SEAL

REPUBLIC OF THE PHILIPPINES