



PHILIPPINE FOREIGN SERVICE POST

THIS FORM IS NOT FOR SALE

(DFA-OCA-CRD-07 / REV.01 / 24 APRIL 2018)

OFFICIAL USE ONLY

DATE OF REGISTRATION

REGISTRY NUMBER

REPORT OF DEATH

PARTICULARS OF THE DECEASED

| | | | | |
|--|----------------------|-----------------|-------------------------------|---------------------------------|
| 1. LAST NAME | <input type="text"/> | 6. SEX | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |
| 2. FIRST NAME | <input type="text"/> | 7. OCCUPATION | <input type="text"/> | |
| 3. MIDDLE NAME | <input type="text"/> | 8. CIVIL STATUS | <input type="text"/> | |
| 4. DATE OF BIRTH <i>(Ex. 01 January 2000)</i> | <input type="text"/> | 9. CITIZENSHIP | <input type="text"/> | |
| 5. PLACE OF BIRTH <i>(city/state/province, country)</i> | <input type="text"/> | | | |
| 10. NAME OF SURVIVING SPOUSE/RELATIVE | <input type="text"/> | | | |
| 11. ADDRESS OF SURVIVING SPOUSE/RELATIVE | <input type="text"/> | | | |

PARTICULARS OF DEATH

| | | | | | |
|--|----------------------|---------------------|----------------------|-----------------------------|-----------------------------|
| 12. DATE OF DEATH <i>(Ex. 01 January 2000)</i> | <input type="text"/> | 13. TIME OF DEATH | <input type="text"/> | <input type="checkbox"/> AM | <input type="checkbox"/> PM |
| 14. PLACE OF DEATH <i>(Includes hospital or institution's name, city, state, province, country)</i> | <input type="text"/> | | | | |
| 15. IMMEDIATE CAUSE OF DEATH <i>(technical statement as cause of death given by competent authority or probable cause of death)</i> | <input type="text"/> | | | | |
| 16. DISPOSITION OF REMAINS | <input type="text"/> | 17. PLACE OF BURIAL | <input type="text"/> | | |

| | | | | |
|--|------------------------------------|--|--|----------------------|
| 18. 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) _____ | 19. IF SHIPPED TO THE PHILIPPINES: | <input type="checkbox"/> REMAINS IN COFFIN | <input type="checkbox"/> ASHES IN URN | |
| | 20. FLIGHT NO. | <input type="text"/> | 21. DATE OF SHIPMENT <i>(Ex. 01 January 2000)</i> | <input type="text"/> |
| | 22. NAME OF CONSIGNEE | <input type="text"/> | | |
| | 23. ADDRESS OF CONSIGNEE | <input type="text"/> | | |
| | 24. NAME OF MORTUARY /CREMATOR | <input type="text"/> | | |
| 25. ADDRESS OF MORTUARY/CREMATOR | <input type="text"/> | | | |

26. I, THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of death of the deceased being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME : _____

RELATIONSHIP TO THE DECEASED : _____

SUBSCRIBE AND SWORN TO BEFORE ME this _____ by the above-named informant, here in _____.
Date (Ex. 01 January 2000)

[SEAL] NOTARIAL AUTHORITY

27. REMARKS/ANNOTATIONS

OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

28. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, _____ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate _____.

Date: _____
Doc. No. _____
Service No. _____
O.R. No. _____
Fee Paid _____
Book No. _____
Series of _____

[SEAL] REPUBLIC OF THE PHILIPPINES