

Questionnaire for the next-of-kin on a death case

To be mailed or faxed to American Embassy/Consulate - American Citizen Services

Name in full of deceased: _____

Date and Place of Birth: _____

Evidence of U.S. Citizenship (passport, INS Naturalization): _____

U.S. Address: _____

Permanent or temporary address abroad: _____

Date of Death: _____

Place of Death (Hotel/Hospital Address): _____

Disposition of remains (cremation or shipping of remains): _____

Cemetery Address: _____

Person responsible for custody of personal effects and accounting therefor:

Disposition of the effects: _____

Traveling/residing abroad with relatives or friends as follows: _____

Name, surname and address of spouse: _____

Name, surname and address of children: _____

Name, surname and address of the next-of-kin if deceased was not married:

DOCUMENTS TO BE ENCLOSED TO THIS QUESTIONNAIRE:

- a) USA Passport
- b) INS Naturalization Certificate
- c) Death Certificate issued by the City Hall
- d) Medical Certificate issued by the hospital or the attending physician specifying the date, time and cause of death
- e) Social Security Number _____ - _____ - _____

Home Tel.: _____

Work Tel.: _____

E-mail: _____

Number of copies requested: _____ (max 10 copies)