

**EMBASSY OF THE UNITED STATES OF AMERICA**

**AMERICAN CITIZEN SERVICES  
Avenida das Forças Armadas, Lisbon  
1600-081**

REQUEST FOR INFORMATION FOR PREPARATION OF  
FOREIGN SERVICE REPORT OF DEATH

Please provide the following information about the deceased and return the form to the above address together with the original death certificate and the deceased's U.S. passport or naturalization certificate, or other proof of U.S. citizenship. Please write clearly.

**PERSONAL DATA**

Full name: \_\_\_\_\_

Social security number: \_\_\_\_\_

Date & Place of birth: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death: \_\_\_\_\_

U.S. address: \_\_\_\_\_

Permanent or temporary address in Portugal: \_\_\_\_\_

TRAVELING/RESIDING WITH RELATIVES OR FRIENDS AS FOLLOWS:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

**NEXT OF KIN**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

(please turn over)

**FUNERAL ARRANGEMENTS**

BURIAL:

Name & address of cemetery: \_\_\_\_\_

Grave number: \_\_\_\_\_

Date of burial: \_\_\_\_\_

CREMATION:

Name & address of crematorium: \_\_\_\_\_

When & where ashes scattered, interred or held: \_\_\_\_\_

Date of cremation: \_\_\_\_\_

**EFFECTS (property of the deceased):**

PERSON OR OFFICIAL RESPONSIBLE FOR CUSTODY & ACCOUNTING OF EFFECTS:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

If the deceased received regular payments from any of the following, please give the claim number and the amount received:

Social Security: \_\_\_\_\_

Veterans Administration: \_\_\_\_\_

Civil Service: \_\_\_\_\_

Railroad Board: \_\_\_\_\_

THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: \_\_\_\_\_

Name (printed) \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_