



CONSULATE OF THE UNITED STATES OF AMERICA  
AMERICAN CITIZEN SERVICES  
Avenida Príncipe de Mónaco 6-2  
9500-237 Ponta Delgada  
Tel: (351) 296 308330  
[conspondelgada@state.gov](mailto:conspondelgada@state.gov)

REQUEST FOR INFORMATION FOR PREPARATION OF FOREIGN SERVICE REPORT OF DEATH

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

1. Full name: \_\_\_\_\_
2. Date and Place of Birth: \_\_\_\_\_
3. U.S. Social Security number: \_\_\_\_\_
4. Date and Place of Death: \_\_\_\_\_
5. U.S. address: \_\_\_\_\_
6. Permanent or temporary address in the Azores: \_\_\_\_\_  
\_\_\_\_\_
7. Travelling/residing with relatives or friends as follows:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address/phone: \_\_\_\_\_  
\_\_\_\_\_
8. Next of Kin  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address/phone: \_\_\_\_\_  
\_\_\_\_\_
9. Buried or cremated: \_\_\_\_\_
10. Date of burial/cremation: \_\_\_\_\_
11. Cemetery/crematorium address: \_\_\_\_\_
12. Effects (property of the deceased): Person or official responsible for custody & accounting of effects.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_

If the deceased received regular payments from Social Security/Veterans Administration/Civil Service/Railroad Board, please give the claim number and the amount received: \_\_\_\_\_

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

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

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

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

Address/telephone: \_\_\_\_\_