



REPUBLIC OF THE PHILIPPINES  
DEPARTMENT OF FOREIGN AFFAIRS

**NOT FOR SALE**

FA FORM NO. 39  
(REVISED MARCH 2013)

**REPORT OF DEATH**

DATE OF REPORT  
*(day-month-year)*

CHILD BORN ABROAD OF FILIPINO PARENT/S  
THIS FORM IS NOT FOR SALE. DO NOT LEAVE ANY SPACES BLANK. INDICATE N/A IF NOT APPLICABLE

Foreign Service Post: **Hong Kong SAR**

ID #

**DETAILS OF CHILDS BIRTH**

1. LAST NAME	<input type="text"/>	6. DATE OF BIRTH <i>(day-month-year)</i>	<input type="text"/>
2. FIRST NAME	<input type="text"/>	7. TIME OF BIRTH	<input type="text"/>
3. MIDDLE NAME	<input type="text"/>	8. SEX	<input type="radio"/> Male <input type="radio"/> Female
4. OCCUPATION	<input type="text"/>	9. CIVIL STATUS	<input type="text"/>
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"/>		

**DETAILS OF BIRTH PARENTS ( at the time of childs birth)**

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

25. SUPPORTING DOCUMENTS SUBMITTED:	26. SUPPORTING DOCUMENTS SUBMITTED:	<input type="radio"/> REMAINS IN COFFIN <input type="radio"/> ASHES IN URN
<input type="checkbox"/> Death Certificate	27. FLIGHT NO. <input type="text"/>	28. DATE OF SHIPMENT <i>(day-month-year)</i> <input type="text"/>
<input type="checkbox"/> Transit Certificate	29. NAME OF CONSIGNEE	<input type="text"/>
<input type="checkbox"/> Notarized Mortuary Certificate	30. ADDRESS OF CONSIGNEE	<input type="text"/>
<input type="checkbox"/> Embalmer's / Cremation Certificate	31. NAME OF MORTUARY/ CREMATOR	<input type="text"/>
<input type="checkbox"/> Non Contagious Disease Certificate	32. ADDRESS OF MORTUARY/ CREMATOR	<input type="text"/>
<input type="checkbox"/> Others (Specify)		

**EMBASSY/CONSULATE 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 : \_\_\_\_\_

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

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

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

SEAL

REPUBLIC OF THE PHILIPPINES