

**CONSULAR REPORT OF DEATH
QUESTIONNAIRE**

This questionnaire should be returned to **AIT Taipei Office:** #7, Lane 134, Xin Yi Road, Section 3, Taipei, or **AIT Kaohsiung Office:** 5F, No. 2 Chung Chen 3rd Road, Kaohsiung. It should be completed as fully and in as much detail as possible. When the only possible answer to a given question is NOT KNOWN, or NONE, or INFORMATION NOT AVAILABLE, this should be stated.

Please PRINT or TYPE your answers.

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1. Full name or the American citizen who died: _____
 2. Date of birth: Month: _____ Day: _____ Year: _____
 3. Place of birth: _____
 4. Occupation: _____
 5. Last known address in the U.S. _____
 6. Date of Death: Month: _____ Day: _____ Year: _____ Time: _____
 7. Place of death: _____
 8. Cause of death, as it appears on the death certificate: _____

 9. Disposition of the remains: (LOCAL BURIAL/LOCAL
CREMATION/REMAINS TO BE SHIPPED TO U.S. FOR DISPOSITION):
Date: _____ Place: _____
 10. At the time of death, the deceased was residing at _____

With relatives or friends as follows:

<u>Name:</u>	<u>Relationship to the Deceased:</u>
_____	_____
_____	_____
_____	_____
 11. 11. Marital status of the deceased: _____
(Single/married/widowed/divorced)
 12. If married, name of spouse of the deceased: _____

13. Spouse's address: _____

14. Date and place of marriage: _____

15. Surviving close relatives in the United States:

<u>Full Name</u>	<u>Mailing address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Surviving close relatives in the Taiwan or elsewhere:

<u>Full Name</u>	<u>Mailing address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. In whose custody are the personal effects of deceased?

Name: _____

Address: _____

Relationship: _____

18. What do personal effects mainly consist of? Describe briefly.

_____ approximate value: _____

19. Where these effects presently stored? _____

20. If there are property other than the personal effects listed (such as land, buildings, bank accounts, vehicles, etc) Please give details and approximate value involved:

21. Social Security Number of Deceased: _____

22. Was the deceased a former member of any branch of the United States Armed Forces? _____

If so, which? Army Navy Air Force Marines Coast Guard

23. U.S. Veterans Claim No. of the Deceased: (if any) _____

24. Passport of the deceased: Number: _____

Place of issuance: _____ Date of issuance: _____

Certificate of Naturalization: Number: _____ (if any)

Place of issuance: _____ Date of issuance: _____

Card of identity & registration: Number: _____ (if any)

Place of issuance: _____ Date of issuance: _____

NOTE: Any passport, Certificate of Naturalization, and/or Card of Identity & Registration found among the effect of the deceased should be submitted to the AIT together with this questionnaire.

25. If the deceased was the recipient of pensions or benefits from any U.S. Government agency, please state which agency or agencies and the monthly amount(s):

26. NEXT OF KIN:

Full Name

Citizenship

Social Security Number

Date and place of birth: _____

Relationship: _____

U.S. address: _____

Taiwan address: _____

Have previously applied for U.S. Social Security benefits: Yes ____ No. ____

27. Answers supplied by _____

Address: _____

Telephone: Taiwan - _____ U.S. _____

Relationship to the deceased: _____

Date: _____