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

To be mailed to:

Or faxed to:

1. Name in full of deceased: _____
2. Date and Place of Birth: _____
3. Evidence of U.S. Citizenship (passport, INS naturalization): _____
4. U.S. Address: _____
5. Permanent or temporary address abroad: _____
6. Date of Death: _____
7. Place of Death (hotel/hospital address): _____
8. Disposition of remains (cremation or shipping of remains): _____

   _____
9. Cemetery Address: _____
10. Person responsible for custody of personal effects and accounting:

    _____
11. Disposition of the effects: _____
12. Traveling/residing abroad with relatives or friends as follows: _____

    _____
13. Name, surname and address of spouse: _____

    _____
14. Name, surname and address of children: _____

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

_____

_____

16. Documents to be enclosed to this questionnaire:

a) U.S.A. 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 place, date, time and cause of death

e) Social Security Number _____ - _____ - _____

17. Next of kin contact information:

a) Home Tel.: _____

b) Work Tel.: _____

c) Mobile Tel. _____

d) E-mail: _____

Number of copies requested: _____ (max 20 copies)