PERSONAL DATA CONCERNING DECEASED

NAME (in full):_____

Occupation:_____ DATE OF BIRTH_____ PLACE OF BIRTH_____
Address in Mexico_____

Last known address in U.S:_____
Evidence of U.S. Citizenship:_____
(**passport**, **certified birth record**, **naturalization certificate** -to be presented to Consulate or Embassy)
PHOTOCOPIES ARE NOT ACCEPTABLE
If recipient of monthly Federal Benefits, indicate what kind and Social Security No._____
Next-of-kin:_____ Relationship:_____

Address:_____ Tel:_____Fax:_____

Father's name_____ Mother's maiden name:_____

Address:_____ Address:_____

Living?_____ Living?_____

Spouse's name_____ Living?_____

Address:_____ phone _____ Fax_____

Name and address of person having custody of Personal Effects:_____

_____ Relationship:_____

Other known relatives_____

Address:_____
(2)_____ Address_____
(3) _____ Address_____

Deceased was travelling_____ Residing_____ (check one) abroad with relatives___ Friends____
As follows:
Name_____Relationship_____

Address:_____
Funeral Home in Mexico:_____

American Funeral Home receiving remains:_____

Phone _____ ____ Fax_____
Date of Death_____ Place:_____ Cause of death:_____

Circumstances surrounding death:_____
Date NOK was notified of death and by whom_____
FEDEX ACCOUNT NUMBER to mail Reports of death: _____ NAME OF ACCOUNT OWNER_____
Consular Reports of Death should be sent to:_____