

PLEASE COMPLETE THIS FORM AND RETURN IT WITH THE SUPPORTING DOCUMENTS TO

American Consulate General, Museumplein 19, 1071 DJ Amsterdam

NAME IN FULL (fml): \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_

U.S. PASSPORT NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

**U.S. ADDRESS** (IF ANY, IF NOT PLEASE ENTER 'NONE'):

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS IN THE NETHERLANDS: \_\_\_\_\_

\_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

**COMPLETE ADDRESS WHERE DEATH OCCURRED:**  
(Hospital/Hotel, Street, number, postcode, city)

\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION OF REMAINS** (Please indicate):

DATE: \_\_\_\_\_ /\_\_ / BURIAL /\_\_ / CREMATION

**NAME/ADDRESS**  
**PLACE OF CEMETERY/CREMATORIUM:** \_\_\_\_\_

\_\_\_\_\_

**NAME AND ADDRESS OF NEXT OF KIN:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**PERSONAL EFFECTS DISPOSED BY** (NAME AND PHONE NUMBER):

---

---

**THE DECEASED WAS TRAVELING/RESIDING ABROAD WITH**  
(PLEASE PROVIDE NAME & ADDRESS):

---

---

**NAME AND ADDRESS TO WHOM COPIES OF THIS REPORT SHOULD BE SENT:**

---

---

**PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:**

**/\_/\_/ The deceased's U.S. passport**

**/\_/\_/ Statement from physician indicating the cause of death (example enclosed)**

**/\_/\_/ Dutch Death Certificate (from the city (gemeente) where death occurred)**

**/\_/\_/ International Death Certificate (from the city (gemeente) where death occurred)**

**/\_/\_/ Other : \_\_\_\_\_**

---

---