

LETTER OF INSTRUCTION

To ensure that your wishes are carried out completely, please use this form to send your instructions regarding the disposition of your loved one's remains and personal effects by both fax/email and mail to the American Embassy Port of Spain.

Our fax number is: (1) 868-822-5555. Or email address is ACSPOS@state.gov
Our mailing address is: Embassy of the United States of America, 15 Queens Park West, Port of Spain, Trinidad & Tobago

Your instructions should give your loved one's full name, telephone numbers where you may be reached and, if shipment of remains is desired, the name, address, and full telephone number and fax number of the U.S. funeral home you have selected to handle arrangements.

Contact Information

Name of Deceased: _____

Your name: _____

Your relationship to the Deceased: _____

Your telephone number(s): (H) _____ (W) _____

Your email address: _____

Your FAX number(s): (H) _____ (W) _____

Please select an option:

_____ I would like my loved one's remains cremated and buried in Trinidad & Tobago.

_____ I would like my loved one's remains embalmed and buried in Trinidad & Tobago.

_____ I would like my loved one's remains cremated and shipped to the U.S.

_____ I would like my loved one's remains embalmed and shipped to the U.S.

U.S. Funeral Home Details:

Name of Funeral Home _____

Contact Person _____

Address _____

Telephone _____

Email _____

FAX _____

Personal Effects

What would you like us to do with your loved one's personal effects?

_____ I would like all of my loved one's effects returned to me. I understand that I am obligated to pay for any shipping costs.

_____ I would like only some of my loved one's effects returned to me. I understand that I am obligated to pay for any shipping costs and that the remaining effects will be given to charity or otherwise disposed of by the American Embassy Port of Spain.
Please list on a separate sheet of paper those items which you would like returned.

_____ My instructions are included on a separate sheet of paper.

Other Requests:

Your signature: _____

Date: _____