



## U.S. Consulate General

3 Regent Terrace  
Edinburgh, Scotland  
EH7 5BW

### **INFORMATION REQUEST FORM FOR PREPARATION OF CONSULAR REPORT OF DEATH ABROAD**

When an American citizen dies abroad, the Consulate General is required to prepare a Consular Report of Death Abroad. To assist with the preparation of this document, please provide the following information and return the form to the above address, with an original full extract death certificate and the deceased's U.S. passport or naturalization certificate. Please print clearly. The original documents you enclose will be returned to you.

#### **PERSONAL DATA OF THE DECEASED**

Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

U.S. Social Security Number: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Date and Place of Death: \_\_\_\_\_

\_\_\_\_\_

Most Recent U.S. Address: \_\_\_\_\_

\_\_\_\_\_

Most Recent UK Address: \_\_\_\_\_

\_\_\_\_\_

Next of Kin - Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### **TRAVELING OR RESIDING WITH RELATIVES OR FRIENDS AS FOLLOWS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### **FUNERAL ARRANGEMENTS:**

Funeral Home Name and Address: \_\_\_\_\_

\_\_\_\_\_

Funeral Home Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Disposition of Remains: Burial Y/N Grave number: \_\_\_\_\_ Cremation Y/N

Name and Address of Cemetery or Crematorium: \_\_\_\_\_

\_\_\_\_\_

Date of Burial or Cremation: \_\_\_\_\_

**Personal Effects**

Location of Personal Effects: \_\_\_\_\_

Person or Official Responsible for Custody and Accounting of Effects:

Name: \_\_\_\_\_

Address and Telephone Number: \_\_\_\_\_

\_\_\_\_\_

If the deceased received regular payments from any of the following, please give the claim number and amount received:

**Social Security:** \_\_\_\_\_

**Veterans Administration:** \_\_\_\_\_

**U.S. Civil Service:** \_\_\_\_\_

**Railroad Board:** \_\_\_\_\_

**The above information is true and correct to the best of my knowledge and belief.**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_