Embassy of the United States of America
American Citizen Services
33 Nine Elms Lane
London, SW11 7US

Request for information for preparation of Report of Death of an American Citizen Abroad

Please provide the following information about the deceased and return the form to the above address together with the original U.K. death certificate and the deceased's U.S. passport or naturalization certificate, or other proof of American citizenship. Please write clearly.

<table>
<thead>
<tr>
<th>Information</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of deceased:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Social security number:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Date &amp; place of birth:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Date &amp; place of death:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>U.S. address:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Permanent or temporary U.K. address:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Next of kin:</td>
<td>__________________________ Relationship: ____________________</td>
</tr>
<tr>
<td>Address:</td>
<td>______________________________________</td>
</tr>
<tr>
<td>Traveling/residing in the U.K. with relatives or friends:</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>__________________________ Relationship: ____________________</td>
</tr>
<tr>
<td>Address:</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

(please see next page)
Funeral Arrangements/Disposition of Remains (Please complete as applicable)

Burial □  Cremation □  Donated to science □

Name & address of cemetery, crematorium or research facility: __________________________
_______________________________________________________________________________

Date of burial or cremation: __________________________

Grave number: __________________________________

Ashes scattered □  Interred □  Held □
Location of ashes: __________________________________
_______________________________________________________________________________

Personal Effects

Person or official responsible for custody & accounting of deceased’s personal effects:

Name: ____________________________ Relationship: _____________

Address: __________________________________
_______________________________________________________________________________

Was the deceased receiving payments from any of the following:

Social Security □  Veterans Affairs □  Civil Service □  Railroad Board □

Ten copies of the Report of Death of an American Citizen Abroad are issued as standard. However, you may request up to twenty free of charge.

Number of copies required: ____________________________

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

Signature: ____________________________________________

Name (printed): _______________________________________

Relationship to deceased: _______________________________

Address: _____________________________________________

Tel No: _______________________________________________

Email address: _________________________________________