U.S. Department of State

REPORT OF DEATH OF A U.S. CITIZEN OR U.S. NON-CITIZEN NATIONAL ABROAD

Post ..... Date of Issue *(mm-dd-yyyy)* .....

SSA No. .....

Name in full ..... Age .....

Date *(mm-dd-yyyy)* and Place of Birth .....

Evidence of U.S. Citizenship .....

Address in U.S.A. .....

Permanent or Temporary Address Abroad .....

Date of death .....
Month Day Hour Minute Year

Place of death .....
Number and street, or Hospital/ hotel City Country

Cause of death .....
Including authority for statement - if physician, include full name and official title, if any

.....

Disposition of the remains .....

.....

Local law governing disinterment of remains provides that .....

.....

Disposition of the effects .....

Person or official responsible for custody of effects and accounting therefore .....

.....

Traveling/residing abroad with relatives or friends as follows:

NAME	ADDRESS

Informed by telegram or telephone

NAME	ADDRESS	DATE *(mm-dd-yyyy)* NOTIFIED

Copy of this report sent to:

NAME	ADDRESS	DATE *(mm-dd-yyyy)* SENT

Notification or copy sent to Federal Agencies: SSA _____ VA _____ OPM _____ Other _____
State Agency

The original copy of this document and information concerning the effects are being placed in the permanent files of the U.S. Department of State. Certified copies can be obtained by writing to:

U.S. Department of State, Passport Vital Records Section, 44132 Mercure Cir., PO Box 1213, Sterling, VA 20166-1213

Remarks:

.....

(Continue on reverse if necessary.)

[SEAL]

_____
Signature on all copies

_____ of the United States of America.

(Last name) (First name) (Middle name) (Date *(mm-dd-yyyy)* of death)

For Additional Certified Copies, see https://travel.state.gov/content/travel/en/international-travel/while-abroad/death-abroad1.html

DS-2060 *(Formerly OF-180)*
02-2018