



PHILIPPINE FOREIGN SERVICE POST
PHILIPPINE EMBASSY IN THE KINGDOM OF BAHRAIN
REPORT OF DEATH

THIS FORM IS NOT FOR SALE
(DFA-OCA-CRD-07/REV.01/24 APRIL 2018)

OFFICIAL USE ONLY
DATE OF REGISTRATION
REGISTRATION NUMBER

PARTICULARS OF THE DECEASED

1. LAST NAME	<input type="text"/>	6. SEX	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
2. FIRST NAME	<input type="text"/>	7. OCCUPATION	<input type="text"/>	
3. MIDDLE NAME	<input type="text"/>	8. CIVIL STATUS	<input type="text"/>	
4. DATE OF BIRTH <small>(Ex. 01 January 2000)</small>	<input type="text"/>	9. CITIZENSHIP	<input type="text"/>	
5. PLACE OF BIRTH <small>(city/state/province/country)</small>	<input type="text"/>	10. NAME OF SURVIVING SPOUSE/RELATIVE <input type="text"/>		
11. ADDRESS OF SURVIVING SPOUSE/RELATIVE <input type="text"/>				

PARTICULARS OF THE DECEASED

12. DATE OF DEATH <small>(Ex. 01 January 2000)</small>	<input type="text"/>	13. TIME OF DEATH	<input type="text"/>	<input type="checkbox"/> AM	<input type="checkbox"/> PM
14. PLACE OF DEATH <small>(includes hospital or institution's name, city, state, province, country)</small>	<input type="text"/>				
15. IMMEDIATE CAUSE OF DEATH <small>(technical statement as cause of death given by competent authority or probable cause of death)</small>	<input type="text"/>				
16. DISPOSITION OF REMAINS	<input type="text"/>	17. PLACE OF BURIAL	<input type="text"/>		
18. SUPPORTING DOCUMENTS SUBMITTED:	19. IF SHIPPED TO THE PHILIPPINES: <input type="checkbox"/> REMAINS IN COFFIN <input type="checkbox"/> ASHES IN URN				
<input type="checkbox"/> Death Certificate	20. FLIGHT NO.	<input type="text"/>	21. DATE OF SHIPMENT <small>(Ex. 01 January 2000)</small>	<input type="text"/>	
<input type="checkbox"/> Transit Certificate	22. NAME OF CONSIGNEE <input type="text"/>				
<input type="checkbox"/> Notarized Mortuary Certificate	23. ADDRESS OF CONSIGNEE <input type="text"/>				
<input type="checkbox"/> Embalmer's/Cremation Certificate	24. NAME OF MORTUARY/CREMATOR <input type="text"/>				
<input type="checkbox"/> Non Contagious Disease Certificate	25. ADDRESS OF MORTUARY/CREMATOR <input type="text"/>				
<input type="checkbox"/> Others (specify)					

26. I, THE UNDERSIGNED DECLARED UNDER PENALTY OF PERJURY under the laws of the Republic of the Philippines, that the information I have provided herein are the true and accurate facts of death of the deceased being sought to be registered, to the best of my knowledge.

SIGNATURE OF INFORMANT OVER PRINTED NAME: _____
 RELATIONSHIP TO THE DECEASED : _____

SUBSCRIBE AND SWORN TO BEFORE ME this _____ by the above-named informant, here in Manama, Bahrain.
Date (Ex. 01 January 2000)

[SEAL] NOTARIAL AUTHORITY

27. REMARKS/ANNOTATIONS

OFFICIAL USE ONLY. DO NOT WRITE ANYTHING BELOW THIS BOX

28. The foregoing information was furnished by the above-named informant, and supported by corresponding documents from local authorities. Registered today, _____ in the civil registry records of the Consular Section of the Philippine Embassy/Consulate Manama, Bahrain.

Date: _____
 Doc. No. _____
 Service No. _____
 O.R. No. _____
 Fee Paid _____
 Series of _____

[SEAL] REPUBLIC OF THE PHILIPPINES