



**FOREIGN SERVICE REPORT OF DEATH OF A UNITED STATES CITIZEN**

\* Please provide ALL the information in this form.

Scan and email the completed form along with copies of the following to [acspos@state.gov](mailto:acspos@state.gov) :

- 1) Trinidad and Tobago Electronic Death certificate.
- 2) Proof of U.S. citizenship of the deceased: U.S. passport and Naturalization certificate (If available)
- 3) Proof of Next of Kin: Marriage Certificate, Birth Certificate or Legal Representative Court Document

**Personal Data (deceased)**

Social Security Number: \_\_\_\_\_ e.g. 111-22-3333

Full Name: \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City and Country

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_  
Month/Day/Year Address or Hospital (include city)

Last U.S. Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

Last T&T Address: \_\_\_\_\_  
Apt Street City

**Next of Kin or Legal Representative (The degree of kinship - Spouse; Children; Parents; Siblings)**

Name: \_\_\_\_\_  
First Middle Last

Relationship to deceased: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Apt Street City

**Traveling or Residing with Relatives or Friends as Follows**

Name: \_\_\_\_\_  
First Middle Last

Relationship to deceased: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Apt Street City

**Funeral Arrangements**

Funeral Home \_\_\_\_\_  
Name Street City

Burial/Cremation Name & Address: \_\_\_\_\_  
Name of Cemetery OR Crematorium Address

Was a Burial done? Yes No Date of Burial/Cremation: \_\_\_\_\_  
Month/Day/Year

**Autopsy**

Was an autopsy done? Yes No Date of Autopsy \_\_\_\_\_ Autopsy Date Granted \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Autopsy Location \_\_\_\_\_  
Address

Autopsy Reason \_\_\_\_\_  
Reason e.g. To determine cause of Death

Who authorized Autopsy? \_\_\_\_\_  
First Name Last Name

**Effects (Property of the deceased) Person or Official Responsible for Custody & Accounting of Effects**

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

Address: \_\_\_\_\_  
Apt Street City

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

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

Address: \_\_\_\_\_  
Apt Street City

Relationship to deceased: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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

**American Citizen Services**

U.S. Embassy Port of Spain Trinidad and Tobago  
Tel: (868) 622-6371 Email: [acspos@state.gov](mailto:acspos@state.gov)