

Notification of Death



Name _____

Passport No. _____

In the event of my death, should my death occur outside the United States, a family member, or a bishop of The United Methodist Church, or a representative of the US State Department/US Embassy is to be instructed by the following:

1. Immediately contact the following:

A. A consular duty officer at the US Embassy in the country where the death occurred.

Phone _____ Fax _____ E-Mail _____

B. United Methodist bishop's office

Phone _____ Fax _____ E-Mail _____

C. My family or other _____

Phone _____ Fax _____ E-Mail _____

2. My wishes are as follows:

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to:

My body is to be shipped to the USA in keeping with the requirements of the nation where the death occurred, to (funeral home) _____

*Currently Seven Corners Insurance does not cover the cost of cremation or repatriation of cremated remains to the USA, but does include the expenses related to repatriation of remains (body) to the USA if death is related to an accident or medical condition not related to natural causes. Cremation wishes (if preferred) can be followed up with the funeral home in USA.

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature _____
(If under 18, must be signed by parent or guardian)

Date _____

Notarization of Notification of Death Form

STATE OF _____ PARISH OR COUNTY OF _____

On this ___ day of _____, ____ (year), before me personally appeared _____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public _____
State of _____

Parish or County _____
My Commission Expires _____