

Requirements for the Report of Death of a Filipino in Died in France and Monaco

1. **Report of Death Form** - six (6) completely filled-out and originally signed forms. Use black pen. Digital signatures are not allowed.
2. **Certificat de Pompes Funebres** - six (6) original copies for the repatriation of **remains / ashes**.
3. **Apostilled Acte de Décès** - original **Acte de Décès Copie Integral** (Extrait de Décès is insufficient) and five (5) photocopies :
To have an apostilized Acte de Décès, click the links below and follow instructions:
 - from France: <https://www.service-public.fr/particuliers/vosdroits/R47867>
 - from Monaco: <https://en.service-public-particuliers.gouv.mc/Justice/Legal-documents-and-services/Apostille-Departement-of-Justice/How-to-have-a-document-apostilled>
4. **English Translation of Acte de Décès Copie Integral** - original and five (5) photocopies.
5. **Passport** - original and six (6) photocopies of the passport's data page of the deceased.
6. **Medical Certificate** indicating the cause of death - original and five (5) photocopies.
7. **English Translation** of Medical Certificate - original and five (5) photocopies.
8. **Certificat de Non-Epidemie** issued by the Direction Departementale des Affaires Sanitaires et Sociales, Ministère de la Santé et de la Protection Sociale - original and five (5) photocopies.
9. **English Translation** of Certificat de Non-Epidemie - original and five (5) photocopies.
10. **Certificat de Transport des Corps / Cendres** - original and five (5) photocopies.
11. **English Translation** of Certificat de Transport des Corps / Cendres - original and five (5) photocopies.
12. **Copy of the Itinerary** to include full flight details and mode of transportation - six (6) copies
13. **Consignee** - Name, address and contact number of the receiving funeral parlor in the Philippines (for human remains only)
14. If death is more than one year at the time of registration, **personal appearance of the relatives/authorized representative needs to execute four original copies of Affidavit of Delayed Registration of Death.**

English Translations must be done by a licensed translator.

If the death was brought about by **UNNATURAL CAUSES** (accident, drowning, causes where third persons intervened etc.), the following should likewise be submitted:

- **POLICE REPORT with English translation** - original and five (5) photocopies.
- **AUTOPSY REPORT with English translation** - original and five (5) photocopies.

For seafarers:

- **CAPTAIN'S REPORT duly signed by the ship captain** - six (6) copies

Payments should be made either in the form of cash or cheque de banque payable to "Ambassade des Philippines". Payments made through credit card or personal checks are not accepted.

If to be sent by mail,

- ☐ Enclose a **prepaid self-addressed registered return A4 size envelope** (recommandé avec avis de réception) with your complete mailing address and record your **tracking number since the Philippine Embassy is not liable for documents which have been mailed through La Poste. For the safety of your documents, we recommend using "enveloppe à bulles" or "pochette XS"**.
- ☐ Payments should be made in the form of **cheque de banque** payable to "Ambassade des Philippines". The Embassy does not accept payment for stamps and mailing services. Do not put cash in the envelope as the Embassy is not liable for possible loss.
- ☐ Please include your **contact number** so that we can reach you immediately.
- ☐ No need to send the original passport/s.
- ☐ Processing time of the documents begins only upon the complete receipt of the documents and payment. Delivery period is not included in the processing time. Please note that the Embassy will not process applications unless all of the following requirements are complied with.
- ☐ It is the applicant's responsibility to write their correct address. The Embassy is not liable for the loss/return of your documents by La Poste.

SCHEDULE OF FEES	FOR MAILING OPTION, PLEASE INDICATE
<ul style="list-style-type: none"> ● €27.50 for the Report of Death ● Additional €27.50 for Consular Mortuary Certificate ● Additional €27.50 for Affidavit of Delayed Registration of Death, if applicable 	<p>NAME: _____</p> <p>COMPLETE MAILING ADDRESS : _____</p> <p>CONTACT NUMBER: _____</p> <p>EMAIL ADDRESS: _____</p>



PHILIPPINE FOREIGN SERVICE POST

REPORT OF DEATH

THIS FORM IS NOT FOR SALE

(DFA-OCA-CRD-07 / REV.01 / 24 APRIL 2018)

OFFICIAL USE ONLY

DATE OF REGISTRATION

REGISTRY 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 DEATH

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: <input type="checkbox"/> Death Certificate <input type="checkbox"/> Transit Certificate <input type="checkbox"/> Notarized Mortuary Certificate <input type="checkbox"/> Embalmer's/ Cremation Certificate <input type="checkbox"/> Non Contagious Disease Certificate <input type="checkbox"/> Others (specify) _____	19. IF SHIPPED TO THE PHILIPPINES:	<input type="checkbox"/> REMAINS IN COFFIN	<input type="checkbox"/> ASHES IN URN	
	20. FLIGHT NO.	<input type="text"/>	21. DATE OF SHIPMENT <small>(Ex. 01 January 2000)</small>	<input type="text"/>
	22. NAME OF CONSIGNEE	<input type="text"/>		
	23. ADDRESS OF CONSIGNEE	<input type="text"/>		
	24. NAME OF MORTUARY /CREMATOR	<input type="text"/>		
	25. ADDRESS OF MORTUARY/CREMATOR	<input type="text"/>		

26. I, THE UNDERSIGNED DECLARE 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 _____
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 _____

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

[SEAL] REPUBLIC OF THE PHILIPPINES



EMBASSY OF THE PHILIPPINES
Paris, France

CAD298SC

4, Hameau de Boulainvilliers
75016 Paris
Tel. N° 01.44.14.57.00
Fax N° 01.44.14.57.03

RAPATRIEMENT DU CENDRES

NOM ET PRENOM DU DECEDE	
NUMERO DU PASSEPORT	
DATE DE DELIVRANCE	
LIEU DE DELIVRANCE	
DATE DE NAISSANCE	
LIEU DE NAISSANCE	
DATE DE DECES	
LIEU DE DECES	
NOM DE POMPE FUNEBRE	
ADRESSE	
NUMERO DE TELEPHONE ET FAX	
CERTIFICAT DE DECES DELIVRE PAR	
DATE DE DELIVRANCE	
CERTIFICAT MEDICAL DELIVRE PAR	
DATE DE DELIVRANCE	
DATE DE CREMATION	
LIEU DE CREMATION	
CERTIFICAT DE TRANSPORT DE CENDRES	
DATE DE DELIVRANCE	
DATE DE FERMETURE D'URNE	
LIEU DE FERMETURE D'URNE	

DETAILS DU VOL

NOM DE LA COMPAGNIE AERIENNE	NUMERO DE VOL, DATE ET HEURE DE DEPART	NUMERO DE VOL, DATE ET HEURE D'ARRIVE

LTA N° _____

Je déclare que les renseignements précités son exact.

Signature et Cachet de Pompes Funébres



EMBASSY OF THE PHILIPPINES
Paris, France

CAD298SC

4, Hameau de Boulainvilliers
75016 Paris
Tel. N° 01.44.14.57.00
Fax N° 01.44.14.57.03

RAPATRIEMENT DU CORPS

NOM ET PRENOM DU DECEDE	
NUMERO DU PASSEPORT	
DATE DE DELIVRANCE	
LIEU DE DELIVRANCE	
DATE DE NAISSANCE	
LIEU DE NAISSANCE	
DATE DE DECES	
LIEU DE DECES	
NOM DE POMPE FUNEBRE	
ADRESSE	
NUMERO DE TELEPHONE ET FAX	
CERTIFICAT DE DECES DELIVRE PAR	
DATE DE DELIVRANCE	
CERTIFICAT MEDICAL DELIVRE PAR	
DATE DE DELIVRANCE	
DATE DE CREMATION	
LIEU DE CREMATION	
CERTIFICAT DE TRANSPORT DE CENDRES	
DATE DE DELIVRANCE	
DATE DE FERMETURE D'URNE	
LIEU DE FERMETURE D'URNE	

DETAILS DU VOL

NOM DE LA COMPAGNIE AERIENNE	NUMERO DE VOL, DATE ET HEURE DE DEPART	NUMERO DE VOL, DATE ET HEURE D'ARRIVE

LTA N° _____

Je déclare que les renseignements précités son exact.

Signature et Cachet de Pompes Funébres