

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

**Please note that the Embassy will not process application unless all of the following requirements are complied with:**

1. **Report of Death Form** - six (6) completely filled-out and originally signed forms. Please use black pen.
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 apostilled Acte de Décès:
    - from France, please visit this link: <https://www.service-public.fr/particuliers/vosdroits/R47867> and type in their zipcode or city name on this link, under "A qui transmettre le formulaire". It will give the contact details of the relevant court of appeals.
    - from Monaco, please visit this link: <https://en.service-public-particuliers.gouv.mc/Justice/Legal-documents-and-services/Apostille-Department-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**, **Ministere de la Sante 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)

### 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 mail envelope with your complete mailing address.
- Payments should be made in form of **cheque de banque** payable to "Ambassade des Philippines"
- Please include your **contact number** so that we can reach you immediately.

*Please take note of the mailing or courier tracking number since the Philippine Embassy cannot assume responsibility for documents which have been mailed through La Poste.*

<p>SCHEDULE OF FEES</p> <ul style="list-style-type: none"><li>• €22.50 for the Report of Death</li><li>• Additional €22.50 for Consular Mortuary Certificate</li></ul>	<p>FOR MAILING OPTION, PLEASE INDICATE</p> <p>NAME: _____</p> <p>COMPLETE MAILING ADDRESS : _____ _____</p> <p>CONTACT NUMBER: _____</p>
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# PHILIPPINE FOREIGN SERVICE POST

[Empty box for stamp or signature]

**THIS FORM IS NOT FOR SALE**

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

OFFICIAL USE ONLY

DATE OF REGISTRATION

REGISTRY NUMBER

## REPORT OF DEATH

### PARTICULARS OF THE DECEASED

1. LAST NAME

2. FIRST NAME

3. MIDDLE NAME

4. DATE OF BIRTH   
*(Ex. 01 January 2000)*

5. PLACE OF BIRTH   
*(city/state/province, country)*

6. SEX  MALE  FEMALE

7. OCCUPATION

8. CIVIL STATUS

9. CITIZENSHIP

10. NAME OF SURVIVING SPOUSE/RELATIVE

11. ADDRESS OF SURVIVING SPOUSE/RELATIVE

### PARTICULARS OF DEATH

12. DATE OF DEATH   
*(Ex. 01 January 2000)*

13. TIME OF DEATH   AM  PM

14. PLACE OF DEATH   
*(Includes hospital or institution's name, city, state, province, country)*

15. IMMEDIATE CAUSE OF DEATH   
*(technical statement as cause of death given by competent authority or probable cause of death)*

16. DISPOSITION OF REMAINS

17. PLACE OF BURIAL

18. SUPPORTING DOCUMENTS SUBMITTED:

Death Certificate

Transit Certificate

Notarized Mortuary Certificate

Embalmer's/ Cremation Certificate

Non Contagious Disease Certificate

Others (specify) \_\_\_\_\_

19. IF SHIPPED TO THE PHILIPPINES:  REMAINS IN COFFIN  ASHES IN URN

20. FLIGHT NO.

21. DATE OF SHIPMENT   
*(Ex. 01 January 2000)*

22. NAME OF CONSIGNEE

23. ADDRESS OF CONSIGNEE

24. NAME OF MORTUARY /CREMATOR

25. ADDRESS OF MORTUARY/CREMATOR

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**

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

**DETAILS DU VOL**

<b>NOM DE LA COMPAGNIE AERIENNE</b>	<b>NUMERO DE VOL, DATE ET HEURE DE DEPART</b>	<b>NUMERO DE VOL, DATE ET HEURE D'ARRIVE</b>

LTA N° \_\_\_\_\_.

**Je déclare que les renseignements précités son exact.**

**Signature et Cachet de Pompes Funébres**