

**FAX SHEET – CONSULAR NOTIFICATION**

**SUBJECT:**

**NOTIFICATION OF DEATH, SERIOUS INJURY OR ILLNESS OF A NATIONAL OF YOUR COUNTRY**

**DATE/TIME:** \_\_\_\_\_

**TO:** Embassy/Consulate of \_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_  
(COUNTRY) (CITY) (STATE)

**FROM:**

Name/Office \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

**The following individual, who we understand is a national of your country:**

*has died, was seriously injured, **OR** is seriously ill within our jurisdiction.*

*(CIRCLE ONE)*

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

Date of Birth/Place of Birth: \_\_\_\_\_

Nationality/Country: \_\_\_\_\_

Passport Issuing Nation: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: \_\_\_\_\_

Apparent Cause of Death: \_\_\_\_\_

For more information, **please call** \_\_\_\_\_ between the hours of \_\_\_\_\_.

Please refer to **case number** \_\_\_\_\_ when you call.

ADDITIONAL INFORMATION: