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

Notification Date:		**Notification Time:**
NOTIFICATION TO		
Name of Embassy/Consulate:		
City of Embassy/Consulate:		**State of Embassy/Consulate:**
NOTIFICATION FROM		
Notifying Agency Name:		
Notifying Agency Address:		
City:	**State:**	**Zip Code:**
Telephone:		**Fax:**
The following individual, who we understand is a national of your country (Check one): ◯ *has died,* ◯ *was seriously injured,* ***OR*** ◯ *is seriously ill within our jurisdiction.*		
INFORMATION OF PERSON DECEASED OR INJURED OR ILL		
Name:		
Date of Birth:		**Place of Birth:**
Nationality:		**Country:**
Passport Issuing Nation:		
Passport Number:		
Date of Death or Serious Injury or Illness:		**Time of Death:**
Apparent Cause of Death:		**Place of Death:**
CONTACT FOR MORE INFORMATION		
Contact Phone:		**Contact hours:**
Case Number:		

ADDITIONAL NOTES