

# Personal Data Concerning Deceased

American Citizen Services

U.S. Consulate Merida

Please return to AskMeridaACS@state.gov



## Personal Information of the Deceased

Full Name

Date of Birth  
(mm/dd/yyyy)

Occupation

SSN

Place of Birth  
(City, State,  
Country)

Mexican  
Address /Hotel/  
Cruise Ship

Last Known U.S.  
Address

Proof of U.S. Citizenship (please attach copy)

Citizenship Document Number

Passport

Report of Birth Abroad

U.S. Birth Certificate

Naturalization Certificate

Federal Benefit  
Recipient?

Yes

If yes, which  
benefit(s)?

Social Security

VA

No

Other

## Family Information of the Deceased

Next of Kin

Relationship

Next of Kin's  
Address

E-mail

Phone

Spouse's Name

Living?

Yes

Spouse's  
Address

Mother's Name

Living?

Yes

Mother's place of  
Birth (City, State)

Mother's Date of  
Birth (mm/dd/yyyy)

Father's Name

Living?

Yes

Father's Place of  
Birth (City, State)

Father's Date of  
Birth (mm/dd/yyyy)

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## Circumstances of Death

**Deceased was:** living in Mexico **With:** Relatives Friends  
travelling in Mexico N/A

**Name(s) and Address(es) of travel/living companion(s)**

**Date of Death**

**Place of Death**

**Cause of Death**

**Circumstances of Death**

**Person With Custody of Personal Effects (Custodian)**

**Relationship**

**Address of Custodian**

**Mexican Funeral Home**

**Phone**

**Desired Disposition of Remains**

Cremated      Embalmed      Other

**U.S. Funeral Home Receiving Remains**

**Phone**

**U.S. Funeral Home Address**

**Funeral Home Contact Person**

**Fax**

**Funeral Home Contact E-mail**

## Contact Information (for mailing U.S. Certificates of Death)

**Name**

**Address**

**Phone**