



**Louisiana Volunteers in Mission**  
**527 North Boulevard, Baton Rouge, Louisiana 70802**  
**Toll free: 888.239.5286, Voice: 225. 346.1646**  
**Fax: 225.383.3144, E-mail: [lavim@la-umc.org](mailto:lavim@la-umc.org)**

**Notification of Death**

**Name** \_\_\_\_\_ **Passport No.** \_\_\_\_\_

In the event of my death, should my death occur outside the United States, a family member, or a bishop of The United Methodist Church, or a representative of the US State Department/US Embassy is to be instructed by the following:

**1. Immediately contact the following:**

A. A consular duty officer at the US Embassy in the country where the death occurred.

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

United Methodist bishop's office

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

B. My family or other \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

**2. My wishes are as follows:**

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to:

If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home): \_\_\_\_\_

I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home): \_\_\_\_\_

All my valuables, money, and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to: \_\_\_\_\_

In the event of death, all of the above instructions are to be followed in consultation with the above-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the above-named family member.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(If under 18, must be signed by parent or guardian)*

**Notarization of Notification of Death Form**

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ (year), before me personally appeared

to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public \_\_\_\_\_ Parish or County \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_