



Louisiana Volunteers in Mission
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 Toll free: 888.239.5286, Voice: 225. 346.1646
 Fax: 225.383.3144, E-mail: 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.

(From The United States)

Phone 011-525-5080-2000 Fax 011-52-55-5525-5040 E-Mail ccs@usembassy.net.mx

(From Mexico)

Phone (01-55) 5080-2000 Fax (01-55) 5525-5040 E-Mail ccs@usembassy.net.mx

United Methodist bishop's office

Phone 225-346-1646 Fax 225-383-3144 E-Mail lavim@la-umc.org

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 _____