



**United Methodist Volunteers In Mission**  
**Southeastern Jurisdiction Office of Coordination**  
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## NOTIFICATION OF DEATH

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
\_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ US Passport # \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

A member of my family, or a Bishop of the United Methodist Church, or a representative of the U. S. State Department is to be instructed by the following in the event of my death, should my death occur outside the United States:

1. Immediately contact the following:  
(Please include complete names, addresses, and contact numbers for the following)

A. A representative of the U. S. State Department

B. My spouse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. My parents

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. My children

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Others (specify relationship)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. United Methodist Bishop's Office

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ It is my desire that I be cremated if this is possible prior to my being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with a representative of the U. S. State Department. My remains are then to be shipped to the following address:

\_\_\_\_\_ I do not wish to be cremated. My body is to be shipped back to the United States in keeping with the requirement of the host nation to the following address:

\_\_\_\_\_ All valuables, money, and personal possessions are to be kept in the control of the representative of the U. S. State Department and shipped to \_\_\_\_\_ at the following address:

\_\_\_\_\_ In the event of the death of an accompanying spouse, all of the above instructions are to be followed in consultation with the surviving spouse if that spouse's physical condition or location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the surviving spouse.

Notarization of Notification of Death Form (optional)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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.

(Seal)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

State of \_\_\_\_\_