



United Methodist Volunteers In Mission
Southeastern Jurisdiction Office of Coordination
 315 West Ponce de Leon Avenue, Suite 750
 Decatur, Georgia 30030

Phone: 404-377-7424
 FAX: 404-377-8182
 EMAIL: sejinfo@umvim.org
www.umvim.org

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 _____