



**UNITED METHODIST VOLUNTEERS IN MISSION**  
**The Florida Conference of The United Methodist Church**  
450 Martin Luther King, Jr. Ave., Lakeland, FL 33815 - 1522

Tel: 800-282-8011 x 195  
Fax: 863-680-1912  
flumc-missions.org

## NOTIFICATION OF DEATH

First name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email \_\_\_\_\_ Work Ph \_\_\_\_\_ Home Ph \_\_\_\_\_

Date of birth (mm/dd/yy) \_\_\_\_\_ Sex \_\_\_\_\_ Nationality \_\_\_\_\_

Passport # \_\_\_\_\_ Where issued \_\_\_\_\_ Exp date (mm/dd/yy) \_\_\_\_\_

District \_\_\_\_\_ Local church \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship \_\_\_\_\_ Ph \_\_\_\_\_

Team leader \_\_\_\_\_ Project host \_\_\_\_\_

Project location (city/town and country) \_\_\_\_\_

Date of Departure(mm/dd/yy) \_\_\_\_\_ Date of return \_\_\_\_\_ Total # days \_\_\_\_\_

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 of the United States:

A. A family member \_\_\_\_\_

Contact info: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

B. A Bishop of the United Methodist Church: \_\_\_\_\_

Contact info: \_\_\_\_\_

C. A representative of the US State Department: \_\_\_\_\_



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\_\_\_\_\_ 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:

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\_\_\_\_\_ 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:

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\_\_\_\_\_ 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:

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\_\_\_\_\_ 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.

Signed in (City,State): \_\_\_\_\_ Date: (mm/dy/yy) \_\_\_\_\_

Signature: \_\_\_\_\_

*Notarization is optional*