



REPUBLIC OF LIBERIA

REQUEST TO SHIP HUMAN REMAINS TO LIBERIA

CONSULATE GENERAL OF THE REPUBLIC OF LIBERIA
228 EAST 45TH STREET, SUITE 602, NEW YORK, NEW YORK 10017
TEL. NO. 212-687-1025 / FAX NO. 212-599-3189
WEBSITE: www.liberiaconsulate-ny.com

OFFICIAL USE ONLY:

Mortuary Cert. No.: _____

Date Issued: _____

Amount/Money Order /Check No.: _____

Receipt No.: _____

INFORMATION ABOUT THE DECEASED

Last Name: Date of Birth:

First Name: Place of Birth:

Middle Name: Sex: Male Female Civil Status: Single Married

Occupation: Divorced Widower

Citizenship: Passport No.:

Date of Death: Time of Death:

Place of Death:

Name of Surviving Spouse/Relative:

Address of Surviving Spouse/Relative:

Contact No. of Surviving Spouse/Relative:

Name of Funeral Home:

Address of Funeral Home:

Name of Embalmer/Cremator: Contact No.:

How will the remains be shipped to Liberia: Remains in Coffin Ashes in Urn

Airlines & Flight No.: Date of Shipment:

Name of Receiving Funeral Home in Liberia:

Address & Contact No.:

Requestor's Name:

Requestor's Address:

Contact No.: Requestor's Signature & Date: