



AUTHORIZATION FORM

I/We, the undersigned, hereby authorize Mr./Ms. _____ to process the
(Name of Authorized Representative)
Report of Death and the No Objection Certificate of _____ who is
(Name of deceased OF)
my _____, as I/we cannot personally appear before the you because of personal
(relationship)
reason/s.

This is also to certify that I/we, the next-of-kin of the deceased OF, personally accomplished and provided the details required below to facilitate the processing of necessary documents from the Consulate General.

Attached is my/our identification cards. Thank you very much for your understanding and kind assistance.

Respectfully yours,

Name & Signature: _____

Date: _____

PARTICULARS OF THE DECEASED

Name: _____
Date of Death: _____ Cause of Death: _____
Address in UAE: _____
Passport no.: _____ Date of Issue/Valid Until: _____
Disposition of Remains (**Please mark with an "X"**):
 Repatriate to the Philippines
 Cremation / Ashes repatriated to the Philippines
 Buried in UAE Emirate: _____
Final destination of the Remains/Cremains if they are to be shipped to the Philippines:

Person who will receive or will travel with the remains in/to the Philippines:
Name: _____ Contact No.: _____
Address: _____
Name of Employer/Sponsor: _____ Contact No.: _____
Address: _____

PARTICULARS OF THE NEXT-OF-KIN

Name: _____ Contact Number: _____
Address in Philippines/UAE: _____
Valid Passport or ID / Number: _____
Relationship to the Deceased:
 Wife/Husband Parent/s
 Child (Legal age) Sibling/s
Others: _____ If the legal Next-of-Kin is not available, explain the details(*ex: spouse is separated, etc.*):

PARTICULARS OF THE AUTHORIZED PERSON / INFORMANT

Name: _____ Contact No.: _____
Address in UAE: _____
Relationship to the Deceased: _____
Relationship to the Next-of-Kin: _____