



West Ohio Conference

Volunteers in Mission: Notification of Death

Missioner's Name: _____ Passport number _____

In the event of my death, should my death occur outside the United States, a family member, or a bishop of The United Methodist Church, or a representative of the US State Department/US Embassy is to be instructed by the following:

Immediately contact the following:

- A. Consular duty officer at the US Embassy in the country where the death occurred.

Phone: _____ Fax: _____

Email: _____

- B. United Methodist Bishop's Office (Location of Mission Journey)

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

- C. My family or other

Contact Name: _____

Phone: _____ Fax: _____

Email: _____

My wishes are as follows (check all that apply):

My body is to be cremated, if possible, prior to being shipped back to the United States. Where possible, arrangements for the cremation are to be made in consultation with the United States Embassy of the nation where the death occurred. My remains are then to be shipped to:

If cremation is not possible, then my body is to be shipped home, in keeping with the requirements of the host nation, to (funeral home):

I do not wish to have my body cremated. My body is to be shipped to the US, in keeping with the requirements of the nation where the death occurred, to (funeral home):

All my valuables, money and personal possessions are to be kept in the control of the representative of the United States Embassy and shipped to:

In the event of death, all of the previous instructions are to be followed in consultation with the previously-named family member if that family member's physical condition and location make such consultation possible. Further, all valuables, money, and personal possessions are to be placed in the possession and control of the previously-named family member.

Signature of participant or parent/legal guardian

Date: ____ / ____ / ____



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.



West Ohio Conference

Volunteers in Mission: Notification of Death

Notarization of Notification of Death Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), 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.

Notary Public, _____ Parish or County _____

State of _____ My Commission Expires _____



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.