Embassy of the United States of America
Sofia, Bulgaria

The purpose of this form is to inform the Embassy about the death of a U.S. citizen in Bulgaria so that the Embassy may issue an Electronic Consular Report of Death of a U.S. Citizen Abroad. Please complete and return to the U.S. Embassy's consular section by courier service or email to ACS_SOFIA@state.gov.

Important: Originals of the following documents are required: Bulgarian death certificate and Evidence of U.S. Citizenship (**Original U.S. passport or Naturalization Certificate).**

Full name of deceased: _____
Other names used (maiden, legal name change) _____
U.S. social security number (SSN): _____

Date (mm-dd-yyyy) and place (city and state/country) of birth of the deceased: _____

Last known address in the U.S.A.: _____

Address Abroad (Bulgaria): _____

Next of Kin (NOK) (Name, Relationship, and Contact): _____

Traveling/residing abroad with the following relatives or friends as follows (*name, address, phone, email***):**

NAME	ADDRESS	TELEPHONE NUMBER	EMAIL
NAME	ADDRESS	TELEPHONE NUMBER	EMAIL

Date of death (*per local death certificate, MM/DD/YYYY and time if available***): _____**

Place of death (*address of location, and if applicable, name of hospital***): _____**

Disposition of the body (*if buried locally, please list location/municipality***): _____**

Person or official responsible for custody of effects of the deceased (*name and relationship***): _____**

_____

_____

Please answer Yes or No to the following:

- **Was an autopsy performed? _____**
- **Was the deceased receiving U.S. social security benefits? _____**
- **Was the deceased a U.S. military veteran or receiving veteran's benefits? _____**
- **Was the deceased a former employee of the U.S. government or receiving OPM *U.S. Office of Personnel Management) benefits? _____**