



Transfer of Human Remains

Deceased	1- Full name: (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last:	
	2- Date of birth (month/day/year):	3-Date of death (month/day/year):
	4- Reason of death:	5-Are there any communicable diseases? Yes <input type="radio"/> No <input type="radio"/>
	6- Passport number:	7-Marital status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
	8- Spouse full name (where applicable): (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last:	
	9- Mother full name: (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last:	
	10-Father full name: (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last:	
Applicant (Spouse/ Descendent/ Legal Guardian)	11-Full name: (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last:	
	12-Relationship to deceased:	
	14-Place & number of registration in Lebanon (where applicable): (Arabic) الرقم: البلدة: القضاء: (English) District: Town or Village: Number:	
	15-Address in Lebanon: Street: City:	16-Phone number: Home: () Cell: ()
	17-Address in the U.S.A: Street: City State: Zip code:	18-Phone number: Home: () Cell: ()
19-Email address:		
Applicant's Signature:		Date:

Kindly select this link for [supporting documents & requirements](#).