



Transfer of Human Remains

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| 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's full name (where applicable): (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last: | |
| | 9- Mother's full name: (Arabic) الشهرة: الاسم الأوسط: الاسم: (English) First: Middle: Last: | |
| | 10-Father's 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](#).