



Mail to: 4370 Peachtree Rd NE, Atlanta GA 30319, email to claims@atlam.com, or fax 404-926-4036

Foreign Death Questionnaire

PERSONAL INFORMATION OF DECEASED			
Name of deceased (<i>First, Middle & Last</i>)		Life Policy Number(s)	
Last Address in U.S.			
Date of Birth	Place of Birth	Was Deceased a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Country of Citizenship
Social Security #			
TRAVEL INFORMATION			
Date deceased left U.S.	Intended duration of trip	Intended Itinerary (attach copy if available)	
Purpose of trip			
Travel Companions Name	Address (Street, City, State, Zip Code)		Phone #
Was a travel agent used? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide name, address, and phone #		
Airline or Cruise Line used when departing from U.S. (or Canada)			Flight #
Airport or Cruise Port departed from	Airport or Cruise Port arrived at		Was return flight booked? <input type="checkbox"/> Yes <input type="checkbox"/> No
HEALTH INFORMATION OF DECEASED			
Please note any significant health conditions the deceased had been diagnosed with or treated for prior to taking the trip			
Physician in U.S. (or Canada) - Name, Address, Phone #			
What was the deceased's overall health status at the time of departure?			

Application continued on the next page

DETAILS OF DEATH

Foreign address at the time of death

Nature of address:

 Home Private home of: _____ Other: _____

Exact place of death

Exact cause of death

ACCIDENT

Details of accident:

Name(s) and address(es) of witnesses

Name(s) of police officer(s) and police department involved

NATURAL CAUSES

Nature of Illness

Date illness began

Circumstances leading to death

IN EITHER CASE

Name(s) and address(es) of all hospital(s) involved

Name(s) and address(es) of all attending physicians

Name of physician certifying death

Was there an autopsy? Yes NoAny postmortem or inquest? Yes NoWas the U.S. Embassy or
Consulate Involved? Yes No

If yes, give details and attach copy of Report of Death of an American Citizen Abroad

PERSONAL INFORMATION OF CLAIMANT

Name

Address

Social Security Number

Relationship to deceased

Date of Birth

I hereby declare that the foregoing information is true to the best of my knowledge and belief.

X _____

Signed

_____ Date