

(Consular Division- Ministry of Foreign Relations)

DEATHS OF SRI LANKANS OCCURRED OVERSEAS - COMPLAINT FORM

1. Details of the Complainant

1. Full Name:
2. Postal Address:
3. Telephone Numbers:
4. Nearest Police Station:

2. Details of the deceased abroad

5. Full Name (Mr./Mrs.):
6. Passport Number:
7. Sex:
8. Married or Single:
9. Age:
10. Relationship to the complainant:
11. Date of Death :
12. Cause of Death:
13. Name and postal address of the Overseas Employer /Company including telephone numbers:
14. Name and postal address of Local Recruitment Agent with telephone numbers:
15. Name and postal address of Foreign Agent with telephone numbers:
16. Whether the job obtained different from above:
17. Departure date:

3. What is your requirement?

18. Please indicate the assistance requested from the Ministry:

Date:.....

.....

Signature of the complainant

**AFFIDAVIT**

I.....  
..... (Name with NIC No)  
of.....  
..... (Address) being Sri Lankan..... (Religion)  
aged.....years do hereby solemnly and truly declare as follows.

1. That I am the declarant of the above named.
2. That I am the .....of Mr. /Ms.....  
..... who passed away in .....
3. That I nominate Mr/ Ms ..... to take over the Human Remains from the hospital & liaise with authorities in .....
4. I give my express consent by an affidavit to (dispatch/ cremate / bury) the Human remains to (Sri Lanka) in.....after conducting /without conducting postmortem.
5. I, myself accept the Human Remains at the airport/nominate Mr./Ms.....to accept the human remains at the airport.
6. I pray that the authorization could accept the affidavit for all purposes connected with the death of my.....

.....50 Rs Stamp.....

The contents of the foregoing affidavit  
Were read and explained to the above named  
Declarant who having understood the contents  
Set..... signature today at Colombo  
Before me on .....20....

Justice of the Peace