

**The Global Hands of Healing, Inc.
Medical/Dental Mission Team**

Notification of Death

_____ (Name of Participant)

In the event of the death of the above named individual, such individual has previously instructed that information about such individual's death be communicated to:

A. Contacts: (Select one or more)

1. _____ A representative of the U,S, State Department (if death occurs outside the U.S.)

2. _____ Children of the deceased (Please provide names and telephone numbers)

3. _____ Other family members (Please provide names, telephone numbers and relationship)

B. Arrange for the shipment of my remains to:

C: Cremation _____ Yes _____ No

It is my desire to be cremated, if possible, prior to my remains being shipped back to the U.S. If possible, arrangements for cremation should be made in consultation with a representative of the U.S. State Department. Remains from the cremation should be shipped to the above location.

Signed: _____ Date: _____

Witnessed: _____ Date: _____