

## LETTER OF INSTRUCTION

To ensure that your wishes are carried out completely and accurately, please use this form to send your instructions regarding the disposition of your loved one's remains and personal effects by both fax (or scan and email) and mail to the U.S. Embassy in Bamako.

Our fax number is +223 2070-2505; email is ConsularBamako@state.gov. Our mailing addresses are:

-U.S. mailing address: Consular Section, U.S. Embassy Bamako, 2050 Bamako Place,  
Dulles, VA 20189

-Overseas mailing address: United States Embassy, ACI 2000, Rue 243, Porte 297, BP 32  
Bamako, Mali

Your instructions should give your loved one's full name, address and email/telephone numbers where you may be reached and, if shipment of remains is desired, the name, address, and full telephone number and fax number of the U.S. funeral home you have selected to handle arrangements.

### Contact Information

Name of Deceased: \_\_\_\_\_

U.S. address of Deceased: \_\_\_\_\_

Mali address of Deceased (if any): \_\_\_\_\_

Your name and relationship with Deceased: \_\_\_\_\_

Your U.S. address: \_\_\_\_\_

Your telephone number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_

Your email address (if any): \_\_\_\_\_

Your FAX number(s): (H) \_\_\_\_\_ (W) \_\_\_\_\_

### Please select an option:

\_\_\_\_\_ I would like my loved one's remains buried in Mali.

\_\_\_\_\_ I would like my loved one's remains embalmed and shipped to the U.S.

**U.S. Funeral Home Details:**

Name of Funeral Home \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Personal Effects:**

What would you like us to do with your loved one's personal effects?

\_\_\_\_\_ I would like only some of my loved one's effects returned to me. I understand that I am obligated to pay for any shipping and packing costs and that the remaining effects will be given to charity or otherwise disposed of by the American Embassy. Attached is a list of the effects I would like returned.

\_\_\_\_\_ I would like all of my loved one's effects returned to me. I understand that I am obligated to pay for any shipping and packing costs.

\_\_\_\_\_ My instructions regarding the personal effects are included on a separate sheet of paper.

**Other Requests:**

Signature of the next-of-kin: \_\_\_\_\_

Your Name: \_\_\_\_\_

Relationship to the deceased: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_