

## POHNPEI STATE COVID-19 TASK FORCE

## APPLICATION FOR IMPORTATION OF HUMAN REMAINS (HR)

## INFORMATION ON DECEASED HUMAN REMAINS

FSM PASSPORT Surname/Last Name:	
First Name:	
Middle Name:	
Birth Date:	Sex: M □ F □
Passport No.	Expiration Date:
Municipality in Pohnpei where planned funeral will be held?	City, State and Hospital of Deceased
INFORMATION OF FAMILY REPRESENTATIVE IN	N POHNPEI:
Last Name First Name:	
Address in Pohnpei: Home I	Phone # Cell #:
Email address:	
restrictions. Human remains due to COVID-19 are NC 1. Copy of Passport Biopage 2. Copy of Death Certificate	vab (PMNS) for COVID-19-or equivalent doctor's
SIGNATURE DISCLAIMER	
best of my knowledge. Upon arrival in Pohnpei, I un and is only allowed at the Pohnpei Airport Cargo Area	the information I provided above are true and complete to the inderstand that the HR can be subjected to controlled viewing a, and home viewing is not allowed per HR guidelines of the sleading information will result in automatic denial of this
Signature:	Date: