

An excerpt from the deceased's medical records is to be enclosed with the notification.

Send the notification to the Swedish Transport Agency, Civil Aviation and Maritime Department (see address at the foot of the page)

Send form

Ship data

Name of ship		Call sign	
Port of registry		IMO number	
Gross tonnage	Deadweight	Number of passengers	Number of crew members
Cargo			

Shipowner/shipping company data

Shipowner/shipping company	
Postal address	
Post code	City
Telephone number	E-mail address

Information about the voyage

City/port of departure	City/port of arrival
In port	

Information about the incident

Date	Time (Swedish local time)
Place on board	Position of the ship at the time of the incident (latitude/longitude)
Cause of death	Deceased's sex <input type="checkbox"/> Man <input type="checkbox"/> Woman
Other information	

Investigating authority

Authority	
Postal address	
Post code	City
Telephone number	E-mail address

The master's name

Date	The master's name
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