

SOUTH CAROLINA CERTIFICATE OF DEATH FUNERAL HOME WORKSHEET

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)								2	2. SEX	3. SOCIAL SECURITY NUMBER		
4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR	4c. UNDER	DER 1 DAY		5. DATE OF BIR (MM/DD/YYYY)				City and State or Foreign Country)		
(Teals)	Months	Days	Hours	ours Minute								
7a. RESIDENCE-STATE		7b. COUN					70.0					
A. RESIDENCE-STATE							10.0					
7d. STREET AND NUMBER						APT. NO.	7f. Z	rf. ZIP CODE 7g. IN				ITY LIMITS?
8. EVER IN US 9. MARITAL STATUS AT TIME OF DEATH 10. SURVIVING SPOUSE'S NAME (Name prior to first marriage)												
ARMED FORCES?												
11. FATHER'S NAME (First, Middle, Last) 12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)												
13a. INFORMANT'S LEGAL NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)												ode)
18. METHOD OF DISPOSITION Burial Cremation 19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)												
Donation Entombment Removal from state												
Other (Specify) 20. LOCATION-CITY, TOWN, AND STATE												
20. LOCATION-CITT, TOWIN, AND STATE												
51. DECEDENT'S EDUCATION - Check the box that best describes the highest 52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/								53. DECEDENT'S RACE- Check one or more races to indicate what the decedent considered himself or herself to be.				
degree or level of school co time of death.	Latino/Latina. Check the "No" box if decedent is not Spa					nish/	N/ □ White					
□ 8th grade or less		Hispanic/Latino/Latina.					Black or African American American Indian or Alaska Native					
9th-12th grade; no diplo	□ No, not Spanish/Hispanic/Latino/Latina						(Name of the enrolled or principal tribe) ☐ Asian Indian					
High school graduate of	Yes, Mexican, Mexican American, Chicano/Chicana						□ Chinese					
Some college credit, but	☐ Yes, Puerto Rican						Filipino Japanese					
Associate degree (e.g.,	☐ Yes, Cuban						□ Korean					
Bachelor's degree (e.g.	□ Yes, other Spanish/Hispanic/Latino/Latina											
Master's degree (e.g., N	(Specify)						Other Asian (Specify) Native Hawaiian					
MEd, MSW, MBA)								manian or Chamorro)			
Doctorate (e.g., PhD, E sional degree (e.g., MD							C Same	oan r Pacific Islander (S	pecify)			
LLB, JD)									r (Specify)			
54. DECEDENT'S USUAL	OCCUPATION (Indicate type	e of work done	e during r	nost of w	orking life. DO	NOT	USE TH	E TERM "RETIRE	D.")		
55. KIND OF BUSINESS/INDUSTRY												
JJ. NIND OF BUSINESS/INL	INICOL											
The information	above was	reviewed	d and four	nd to be	e corre	ct. Lattest	that	all inf	formation is a	ccurate	and truthf	ul.
I understand th												
Signature of Informant Required								Date Required				
The collection and report											·	
(see 45 CFR §§ 160.203 (c), 164.512 (b) (1). However,	, state law prov	vides prot	ection ag	ainst the unauth	iorized	d release	e of confidential inf	ormation f	from the death	certificate.
For DHEC Use Only												
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State File #		Г	Date of D	eath								