

SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

DATE OF DEATH: (MM/DD/YYYY) _____ Hour of Death _____ Case# _____

1. DECEDENT'S LEGAL NAME (Include AKAs, if any) (First, Middle, Last)				2. SEX	3. SOCIAL SECURITY NUMBER
4a. AGE-Last Birthday (Years)	4b. UNDER 1 YEAR Months Days	4c. UNDER 1 DAY Hours Minutes		5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)
7a. RESIDENCE-STATE		7b. COUNTY		7c. CITY OR TOWN	
7d. STREET AND NUMBER			7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)	
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
Home Phone		Cell Phone			
Work Phone			Informant SS#		
14. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		
15. FACILITY NAME (If not institution, give street and number)			16. CITY OR TOWN, STATE AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)		
23a. EMBALMER (Signature)		23b. EMBALMER LICENSE NUMBER		23c. LICENSE NUMBER (Of Facility)	
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina. Check the "No" box if decedent is not Spanish/Hispanic/Latino/Latina. <input type="checkbox"/> No, not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____		53. DECEDENT'S RACE. (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____	
54. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED.")					
55. KIND OF BUSINESS/INDUSTRY					
The information above was reviewed and found to be correct:					
_____ (Signature of Informant) (Not Required)			_____ (Date)		

SURVIVING RELATIVES

NAME

CITY/STATE

SPOUSE

FATHER

MOTHER

SONS

DAUGHTERS

BROTHERS

SISTERS

GRAND-

MATERNAL

PARENTS:

PATERNAL

GRANDCHILDREN

GREAT-GRANDCHILDREN

Other Information:

FUNERAL SERVICES

<input type="checkbox"/> NO SERVICES		<input type="checkbox"/> TRADITIONAL FUNERAL		<input type="checkbox"/> MASS		<input type="checkbox"/> GRAVESIDE SERVICE		<input type="checkbox"/> MEMORIAL SERVICE	
DAY/DATE					HOUR				
PLACE									
CLERGY									
MUSIC <input type="checkbox"/> Standard <input type="checkbox"/> Special Selections									
Organist					Soloist				

VISITATION

DAY					HOURS				
DAY					HOURS				
CASKET OPENED: <input type="checkbox"/> For Family & Friends <input type="checkbox"/> Family Only <input type="checkbox"/> No Viewing for Anyone									
ROOM					SPECIAL SET-UP <input type="checkbox"/> Catholic <input type="checkbox"/> Other				
<input type="checkbox"/> Rosary <input type="checkbox"/> Wake									

# (No.) of Family Cars			Address				Pick UP Time		
Equipment for HOME		<input type="checkbox"/> Register Stand & Book		<input type="checkbox"/> Food Book		<input type="checkbox"/> Chairs. #		<input type="checkbox"/> Door Spray	
Jewelry to remove for family									
PALLBEARERS <input type="checkbox"/> FH Staff <input type="checkbox"/> Selected by family <input type="checkbox"/> FH Notify <input type="checkbox"/> Family Notify									
•									
•									
•									
•									
•									
<input type="checkbox"/> Honorary Pallbearers									
MASONIC/MILITARY RITES AT CEREMONY									
<input type="checkbox"/> Flowers Accepted					<input type="checkbox"/> MEMORIALS TO:				

FINAL DISPOSITION

<input type="checkbox"/> PRIVATE		<input type="checkbox"/> INTERMENT		<input type="checkbox"/> ENTOMBMENT		<input type="checkbox"/> CREMATION		<input type="checkbox"/> DIRECT CREMATION	
DAY/DATE					HOUR				
Cemetery/Crematory									
City					State				
Grave No.		Lot		Section		Block		Lot Owner	
Type Outer Burial Container								Marker? Y/N	
Disposition of Cremated Remains					Type of Container/Urn				

BIOGRAPHICAL INFORMATION

Length of time living in area:	
Moved from	
Church/Synagogue	<input type="checkbox"/> Member <input type="checkbox"/> Attended
City	
Clubs, Organizations, Other Information:	
Preceded in Death by (Spouse's Name)	

ADDITIONAL INFORMATION

Newspaper Notices In:		
Flowers to order:		
Door Spray		
Hairstyling		
Jewelry	Glasses	
Clothing		
CERTIFIED COPIES FOR	QUANTITY	COST
<input type="checkbox"/> Mail To		
<input type="checkbox"/> Family to Pick Up		
BILLING TO:		
Estate's Attorney		

OUT-OF TOWN ARRANGEMENTS

TRANSFER REMAINS		<input type="checkbox"/> TO	<input type="checkbox"/> FROM			
Funeral Home						
Address						
City	State	Zip				
Phone	Contact Person					
Price Quoted By/To Director						
Ship Via:	<input type="checkbox"/> OUR VEHICLE	<input type="checkbox"/> THEIR VEHICLE	<input type="checkbox"/> AIRLINE			
DEPART	DAY	TIME	AIRLINE	FLIGHT #	ARRIVE	TIME
COST OF AIR FREIGHT						