SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

SOUTH CAROLINA CERTIFICATE OF DEATH
FUNERAL HOME WORKSHEET

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		4c. UNDER 1 DAY		5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)
	Months	Days	Hours	Minutes		

7a. RESIDENCE-STATE	7b. COUNTY	7c. CITY OR TOWN

7d. STREET AND NUMBER	7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? ☐ Yes ☐ No

8. EVER IN US ARMED FORCES? ☐ Yes ☐ No	9. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ Unknown	10. SURVIVING SPOUSE'S NAME (Name prior to first marriage)

11. FATHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)	12. MOTHER/PARENT NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last, Suffix)

13a. INFORMANT'S LEGAL NAME	13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)

18. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify) _____	19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)

20. LOCATION-CITY, TOWN, AND STATE

51. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.	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.	53. DECEDENT'S RACE- Check one or more races to indicate what the decedent considered their self or herself to be.
☐ 8th grade or less ☐ 9th-12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	☐ No, not Spanish/Hispanic/Latino/Latina ☐ Yes, Mexican, Mexican American, Chicano/Chicana ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ Yes, other Spanish/Hispanic/Latino/Latina (Specify) _____	☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify)_____ ☐ 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. I attest that all information is accurate and truthful. I understand that it is a felony to willfully or intentionally supply false information.

_____ Signature of Informant Required

_____ Date Required

The collection and reporting to DPH of information contained on the South Carolina Death Certificate are exempt from HIPAA regulations (see 45 CFR §§ 160.203 (c), 164.512 (b) (1). However, state law provides protection against the unauthorized release of confidential information from the death certificate.

For DPH Use Only

State File # _____ Date of Death _____