Lake Hartwell
Cremation Center

A division of Coile and Hall Funeral Directors

Death Certificate
Information Worksheet

Below is the form requesting information required on a GA/ SC Death Certificate. Please fill in all blanks fully See reverse side of documents..

DECEDENT INFORMATION

Full Legal Name (including maiden name): _____

Gender: ❑ Male ❑ Female |Social Security Number: _____

Date Of Birth: _____ |State Of Birth: _____ |Age: _____

Race: _____ |Of Hispanic Origin: ❑ Yes ❑ No |If Yes, What: _____

Street Address: _____

City: _____ |State: _____ |Zip Code: _____

Inside City Limits: ❑ Yes ❑ No |If No, County: _____

Veteran: ❑ Yes ❑ No

Highest Grade / Degree Completed: _____ |Country Of Citizenship: _____

Occupation Title: _____ | Occupation Industry: _____

Marital Status: ❑ Never Married ❑ Married ❑ Widowed ❑ Divorced ❑ Separated

Spouse's Full Name (including maiden name): _____

Father's Full Name: _____

Mother's Full Maiden Name: _____

DEATH INFORMATION

Date Of Death: _____ |Time Of Death: _____

Name Of Facility Of Death: _____

Street Address: _____

City: _____ |State: _____ |Zip Code: _____

Inside City Limits: ❑ Yes ❑ No |If No, County: _____

Name Of Death Certificate Signing Doctor: _____

DISPOSITION INFORMATION

Method Of Final Disposition: ❏ Burial ❏ Entombment ❏ Cremation ❏ Cremation w/Burial
❏ Cremation w/Entombment ❏ Burial At Sea ❏ Donation ❏ Removal From State

Name Of Disposition Facility: _____

Street Address: _____

City: _____ |State: _____ |Zip Code: _____

INFORMANT

INFORMATION

Full Name: _____

 Address: _____

Relationship:_____

WE NEED A TOTAL OF _____ CERTIFIED DEATH CERTIFICATES

I ATTEST THAT I AM THE AUTHORIZED LEGAL NEXT OF KIM AND CERTIFY THAT TO THE
BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS TRUE.

INFORMANT PHONE #:_____ EMAIL: _____

COMPLETE AND EMAIL TO CARE@CREMATIONCTR.COM