



Honor, Dignity & Respect

2054 Wambaw Creek Road~Charleston, South Carolina 29492

(843) 284-7777 Fax: (843) 804-4410 CharlestonCremationCenter.com

Decedent's Biographical Information

The following information will be required to obtain a Death Certificate for the Decedent. It is imperative that this information be as accurate as possible. If a part of the requested information is unknown, please indicate by writing "unknown" in the Space provided

Decedent's Legal Name: First: _____ Middle: _____ Last: _____

Date of Death: _____ Location of Decedent: _____

Decedent's Social Security Number: _____

Decedent's Marital Status: _____ If Married, Spouse's Name: _____ (Maiden) _____

Date of Birth: _____ Age at Last Birthday: _____

Place of Birth: City: _____ State: _____ Zip: _____

County: _____ Country: _____

Decedent's Usual Occupation: _____ Industry Type: _____ Employer _____

Decedent's Education: (Highest Level of Formal Education Completed) _____

Is the Decedent of Hispanic Origin? Yes _____ No _____ If so, What? _____

Decedent's Race: _____

Residence: (Current/Last Known Place of Residence)

Residence State: _____ County: _____ City or Town: _____

Address: (Street and Number): _____ Apt/ Unit #: _____ Zip Code: _____

Is this residence located inside the City limits? Yes: _____ No: _____

Was the Decedent ever in the Military? Yes: _____ No: _____ Branch: _____ (If so, Provide copy of DD-214)

Father's Name: First: _____ Middle: _____ Last: _____

Mother's Name: Prior to First Marriage First: _____ Middle: _____ Last: _____

Informant's Name: (Person taking Charge of Arrangements and Financial Responsibility)

First: _____ Middle: _____ Last: _____

Address: Street and Number: _____ Apt/ Unit #: _____

City/Town: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Relationship _____