



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? <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 (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 <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> 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.	
<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)		<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) _____			<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. 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 _____				