D H E C

PROMOTE PROTECT PROSPER

Application for Certified Copy of a Death Record

Division of Vital Records

2600 Bull Street, Columbia, SC 29201-1708

INFORMATION

1. Only deaths recorded after January 1, 1915, are on file.
2. S.C. Law requires an $12.00 fee for the search of a death record. If located, a certified copy will be issued to those entitled. Verification of the date and place of death will be provided if the applicant is not entitled to a copy of the record. Additional copies of the same record ordered at the same time are $3.00 each. If not located, search fee is not refundable.
3. S.C. Law (Section 44-63-84) provides that "Copies of death certificates may be issued to members of the deceased's family or their respective legal representatives. Others who demonstrate a direct and tangible interest may be issued copies when information is needed for the determination of a personal or property right…"
4. WARNING: FALSE APPLICATION FOR A DEATH CERTIFICATE IS PUNISHABLE BY LAW. (Section 44-63-161, S.C. Code of Laws, 1976, Amended.)

INSTRUCTIONS

1. Complete all of the information sections required on this form. **PLEASE PRINT**.
2. Application must be signed by the applicant. Relationship to the deceased must be stated. If applicant is not a family member or is not the legal representative of a famiy member, the applicant's interest in the record must be stated to determine entitlement to the record. Proof of entitlement may be required by the registrar.
3. Send completed application and appropriate fee to the address at the top of this form. Checks and money orders should be made payable to SC DHEC.

1. FULL NAME OF DECEASED	First Name	Middle Name and/or Maiden	Last Name	OFFICE USE ONLY
2. DATE OF DEATH	Month	Day	Year	YEAR — CERT. NO.
3. PLACE OF DEATH	Hospital/City	County	State SOUTH CAROLINA	DNL. DATE
4. SEX	5. RACE	6. AGE AT TIME OF DEATH		PROC. DATE
7. SOCIAL SECURITY NO. OF DECEASED (IF KNOWN)				
8. NAME OF FUNERAL DIRECTOR				ISSUE DATE
9. IF THE DECEASED WAS MARRIED, PLEASE LIST HUSBAND/WIFE			LIVING ☐ DEAD ☐	CONTROL. NO.
10. FATHER OF THE DECEASED	Last Name	First Name	Middle Name	
11. MOTHER OF THE DECEASED	Last Name	First Name	Middle Name	☐ Refund Refunded Amount $_____
12. FEE	I am enclosing a Fee of $_____ for _____ CERTIFIED COPIES.			
13a. WRITTEN SIGNATURE OF APPLICANT:				IDENTIFICATION
13b. Relation of Applicant to the Deceased:	Family Member ☐; Legal Rep. of a Family Member ☐; Not Related ☐			
13c. If not a family member or the legal representative of a family member, state need for record.				SYS/36

NAME & ADDRESS OF APPLICANT (MUST BE COMPLETED) (PLEASE PRINT) CERTIFICATE TO BE MAILED TO:

PLEASE PRINT 14. NAME	PLEASE PRINT (If other than applicant) 17. NAME
15. NUMBER, P.O. BOX AND STREET	18. NUMBER, P.O. BOX AND STREET
16. CITY, STATE AND ZIP CODE	19. CITY, STATE AND ZIP CODE