

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	4b. UNDER 1	YEAR	4c. UNDEF	R 1 DAY		1	5. DATE OF BIRTI		6. BIRTHPLACE	(City and S	City and State or Foreign Country)	
(Years)	Months	Days	Hours Minut		es (MM/		IM/DD/YYYY)					
7a. RESIDENCE-STATE		7b. COUN	 TY					7c CITY	OR TOWN			
		75.000.										
7d. STREET AND NUMBER					76	7e. APT. NO. 7			7f. ZIP CODE 7g. INSIDE CITY L			
											Yes No	
8. EVER IN US	9. MARITAL ST				10. SUF	RVIVINO	3 SPOU	SE'S NAM	ME (Name prior to fir	st marriage)	
ARMED FORCES? ☐ Yes ☐ No	☐ Married ☐ M☐ Divorced ☐		•									
			ica 🔲 oliki	IIOWII	12 MO	TUED'S	S NIA NIE	DDIOD T	O FIDET MADDIAC	□ /□irot Mic	Idlo Loot)	
11. FATHER'S NAME (First, Middle, Last)						12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)						
13a. INFORMANT'S LEGAL NAME 13b. RELATIONSHIP TO DECEDENT 13c. MAILING									DDRESS (Street and	d Number, C	City, State, Zip Code)	
									,			
18. METHOD OF DISPOS	ITION Buri	ial 🗌 Crem	nation	19. PLA	CE OF DI	SPOSI	TION (N	lame of ce	emetery, crematory,	other place)		
☐ Donation ☐ Entomb ☐ Other (Specify)	_	noval from st	ate									
20. LOCATION-CITY, TOW												
20.200,	,,,,,,,											
51. DECEDENT'S EDUC, the box that best describes degree or level of school co time of death. 8th grade or less 9th-12th grade; no diplo High school graduate o Some college credit, but Associate degree (e.g., Bachelor's degree (e.g., MEd, MSW, MBA) Doctorate (e.g., PhD, E sional degree (e.g., MD LLB, JD)	best desc Latino/La Hispanic/ No, no Yes, N Yes, P Yes, C Yes, o	52. DECEDENT OF HISPANIC ORIGIN? Obest describes whether the decedent is Sp Latino/Latina. Check the "No" box if deceded Hispanic/Latino/Latina. No, not Spanish/Hispanic/Latino/Latina Yes, Mexican, Mexican American, Chicano Yes, Puerto Rican Yes, Cuban Yes, other Spanish/Hispanic/Latino/Latina (Specify)				indicate what the decedent consider what the decedent consider white white Black or African American American Indian or Alaska Native (Name of the enrolled or principal the Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian (Specify)			ered himself or herself to be.			
55. KIND OF BUSINESS/IND	DUSTRY											
The information I understand the										accurate	e and truthful.	
Signature of Informant Required									ate Required			
0.9									- 4			
The collection and reporti (see 45 CFR §§ 160.203 (from the death certificate.	
For DHEC Use C	Only											
State File #		· · · · · · · · · · · · · · · · · · ·	Date of [Death ₋								