



## SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

DATE OF DEATH: (MM/DD/YYYY) \_\_\_\_\_

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 Months      Days	4c. UNDER 1 DAY Hours      Minutes	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)	
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 (If wife, give name prior to first marriage)		
11. FATHER'S NAME (First, Middle, Last)			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last)		
13a. INFORMANT'S NAME		13b. RELATIONSHIP TO DECEDENT	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)		
14. PLACE OF DEATH (Check only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____		
15. FACILITY NAME (If not institution, give street and number)			16. CITY OR TOWN, STATE AND ZIP CODE		17. COUNTY OF DEATH
18. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify) _____			19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		
20. LOCATION-CITY, TOWN, AND STATE			21. NAME AND ADDRESS OF FUNERAL FACILITY		
22. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT			23. LICENSE NUMBER (Of Licensee)		
23a. EMBALMER (Signature)		23b. EMBALMER LICENSE NUMBER	23c. LICENSE NUMBER (Of Facility)		
51. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death.  <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)		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.  <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) _____		53. DECEDENT'S RACE. (Check one or more races to indicate what the decedent considered himself or herself to be) <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:					
_____			_____		
(Signature of Informant) (Required)			(Date)		

**BRTF NO.**