



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 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 (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 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) _____ <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from state		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Cremation Services Direct</b>			
20. LOCATION-CITY, TOWN, AND STATE <b>Myrtle Beach, South Carolina</b>					
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. 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 DHEC 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.					
<b>For DHEC Use Only</b>  State File # _____ Date of Death _____					

# Cremation Services Direct, LLC

9506 Hwy 707 Unit 3&4  
Myrtle Beach, SC 29588  
843.651.1194 (O)

Date of death \_\_\_\_\_ and time of death \_\_\_\_\_ as indicated on the attached attending physician's, medical examiner's or coroner's certificate of death or as listed on the Burial-Removal-Transit Permit and Death Notification as issued (DHEC-0676 (03/2009)).

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing and disposition of the Deceased's remains, and further said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the aforesaid authority I, the undersigned, hereby authorize CREMATION SERVICES DIRECT, LLC (hereafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of the remains of the Deceased at CREMATION SERVICES DIRECT, LLC or any of its subsidiaries at 9506 HWY 707 UNIT 3,&4, MYRTLE BEACH, SC 29588 (hereafter, "Crematory Authority"); said Crematory Authority being specifically authorized to carry out the process of cremation on the Deceased's remains, in accordance with the provisions of Chapter 8 of Title 32, 1976 S.C. Code, as amended, upon receipt of the Deceased's remains.

I, as the agent of the Deceased, hereby declare that to the best of my knowledge (check one)

- ☒ The Deceased's remains DO NOT contain a pacemaker or any other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.
- ☐ The Deceased's remains DO contain a pacemaker or other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.

Please list all materials/implants here \_\_\_\_\_

I, as the agent of the Deceased, hereby declare that to the best of my knowledge (check one)

- ☒ The Deceased DID NOT have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.
- ☐ The Deceased DID have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

Please list all diseases here \_\_\_\_\_

The agent of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the Deceased, including, but not limited to, body prostheses, dental bridgework, and dental fillings that are recovered from the cremation chamber.

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. The remains of the Deceased will not be accepted by the Crematory Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2. The Crematory Authority shall separate and remove from the cremation chamber all non-combustible materials including, but not limited to, hinges, latches, nails, jewelry and precious metal, and the Crematory shall dispose of such materials as provided by law and/or instructed herein.
3. Unless specifically authorized by the Deceased's agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.
4. The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.
5. Cremation Services Direct, LLC (Funeral Establishment) is hereby authorized to return or dispose of the Deceased's cremains as follows:

Return to Family in selected urn

6. If no method of disposition is specified in number 5 above, the Deceased's cremains are to be held by the Cremation Authority for a period of 30 days, unless said cremains are picked up by or shipped to the agent or Funeral Establishment before the expiry of that period. At the end of 30 days, if final disposition arrangements have not been made, the Crematory Authority may return the cremains to the agent of the Deceased or the Funeral Establishment.
7. If, at the end of 60 days, no final disposition arrangements have been made, the Crematory Authority or Funeral Establishment in charge of the disposition arrangements may dispose of the cremated remains in a manner provided by law, and in accordance with Chapter 8 of Title 32, 1976 S.C. Code, as amended.



8. The Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment which assisted in making these arrangements, and the Crematory Authority designated to perform the cremation.

By signing this Cremation Authorization Form, I, as the agent for the Deceased, agree that Cremation Services Direct, LLC (Funeral Establishment) (Crematory Authority) and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Crematory Authority and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner. FURTHER, I HEREBY STATE THAT ALL REPRESENTATIVES AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

*Jewelry and other personal items to be returned to family:*

*Yes, there are jewelry and personal items* \_\_\_\_\_ *NO, there are NO jewelry and personal items.*

AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Agent Name (please print) \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Agent's Address \_\_\_\_\_

Agent's Telephone Number \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

TIME \_\_\_\_\_ ☐ a.m. ☐ p.m.

2<sup>nd</sup> AGENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Agent Name (please print) \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Agent's Address \_\_\_\_\_

Agent's Telephone Number \_\_\_\_\_

WITNESS \_\_\_\_\_ DATE \_\_\_\_\_

Witness Name (please print) \_\_\_\_\_

TIME \_\_\_\_\_ ☐ a.m. ☐ p.m.

Remains received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Remains received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Released by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*The cremated remains will be ONLY released to the person/persons designated.*

Urn Selected: \_\_\_\_\_

Mail Cremated Remains (\$150 fee): Yes / No

\*MAILING NOTICE: The Funeral Home and Crematory are not responsible for any loss or damage of cremated remains shipped via Priority Mail Express with the United States Postal Service. I/We agree to release and hold Funeral Home and Crematory harmless from any and all claims related to such shipping.

**AFFIDAVIT OF STATUTORY PRIORITY OF AGENT(S) FOR AT-NEED CREMATION AUTHORIZATION**

The Undersigned (hereinafter referred to as "Affiant or Affiants"), and who being duly sworn, hereby declare, warrant and represent that the undersigned Affiant (s), pursuant to the South Carolina Safe Cremation Act ( South Carolina Code Section 32-8-300,et.seq.and as amended), is (are) authorized as and does herein expressly and absolutely authorize Cremations Services Direct, LLC, hereinafter referred to as "Funeral Home" and, if applicable, the licensed establishment handling the actual cremation, hereinafter referred to as "Crematory", to cremate the remains of: \_\_\_\_\_ (hereinafter referred to as the "decedent").

**WARRANTY OF AUTHORITY OF AUTHORIZING AGENT:** I (We) represent that we understand that the Funeral Home and/or Crematory is absolutely relying on this Affidavit of Agent Order of Priority of Authorization to perform and accomplish the requested cremation of the decedent; and the undersigned Affiant(s) herein represent and warrant that there is no person(s) of a higher authority, or in a prior class of authority, reasonably available to make or object to the execution of this authorization to cremate the decedent by me (us). If the undersigned Affiant is a spouse, I do herein represent and warrant there is no legal proceeding filed seeking a divorce between the decedent and the undersigned Affiant. If the undersigned Affiant (s) are involved by virtue of there being more than one (1) member of my (our) same class as defined by order of priority in SC Code Section 32-8-320 (A), who is (are) entitled to authorize the cremation of the decedent, then the undersigned Affiant (s) represent and warrant that this authorization to cremate is being made by me (us) as a member of the same class pursuant to SC Code Section 32-8-320 (B) as I (we) as a member (s) of this class do not know of an objection by another member within this same class; provided, however, that if an objection is known to me (us), then this authorization to cremate is being made by a majority of the members of the same class who are reasonably available to so authorize it. If the undersigned Affiant (s) exhibited special care and concern for the decedent and there are no person (s) serving as decedent's agent as provided for in Code Section 32-8-320 (A) and (D) (1) or (2), then the Affiant so represents and warrants the eligibility of Affiant of this special relationship authority under (D) (3) of SC Code Section 32-8-320. The undersigned Affiant (s) further warrant that I (we) possess full legal authority and power, according to the laws of the state of South Carolina, to execute this Affidavit of Agent's Statutory Priority of Authorization to Cremate and to arrange for the cremation and disposition of the cremated remains of the decedent. The undersigned Affiant (s) also state that I (We) take full responsibility for this authorization and I (we) assume all responsibility for its directive; and that I (we) herein release all claims (including punitive), known and unknown, against the Funeral Home and/or Crematory which arise out of their actions or services rendered in connection with and/or as is or may be authorized under this Affidavit.

**INDEMNITY and HOLD HARMLESS WARRANTY:** As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the Funeral Home and/or the Crematory, its officers, agents and employees, from any and all claims, demands, causes or causes of action, whether known or unknown, and also all suits of every kind, nature and description, whether in law or equity, including any legal fees, costs and expenses incurred out of such filed litigation, and which arise or may arise as a result of, based upon or in connection with the issuance of this Affidavit; and particularly including but not limited to claims brought by any other person(s) claiming the right of authority to control the disposition of the decedent's cremated remains.

AFFIANT(S) ACKNOWLEDGE THAT BY EXECUTING THIS AFFIDAVIT OF AGENT PRIORITY OF CREMATION AUTHORIZATION THAT I (WE) HAVE READ AND FULLY UNDERSTAND SAID AUTHORIZATION AND THAT I (WE) EXPRESSLY ACKNOWLEDGE, UNDERSTAND AND AGREE TO THE HOLD HARMLESS AND INDEMNIFICATION PROVISION HEREIN. AFFIANT (s) FURTHER DECLARE, SWEAR, AND ATTEST THAT ALL REPRESENTATIONS, WARRANTIES AND STATEMENTS CONTAINED WITHIN THIS AUTHORIZATION ARE TRUE AND CORRECT AND THE FUNERAL HOME AND/OR CREMATORY IS ENTITLED TO SO RELY.

AFFIANT(S) FURTHER SAYETH NOT.

Signature

Affiant's Printed Name

Relationship

Date

Signature

Affiant's Printed Name

Relationship

Date

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Notary's signature: \_\_\_\_\_

Notary's printed name: \_\_\_\_\_

NOTARY PUBLIC and I herein attest that my commission expires \_\_\_\_\_.

RECEIVED by: Cremations Services Direct, LLC \_\_\_\_\_ (Funeral Home) and dated \_\_\_\_\_