



SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

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	4c. UNDER 1 DAY Days	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? ☐ Yes ☒ No
8. EVER IN US ARMED FORCES? ☐ Yes ☒ No	9. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never Married ☐ 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 ☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from state ☐ Other (Specify) _____				19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Myrtle Beach Crematory		
20. LOCATION-CITY, TOWN, AND STATE Myrtle Beach, SC						
51. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death. ☐ 8th grade or less ☐ 9th-12th grade; no diploma ☐ High school graduate or GED completed ☐ Some college credit, but no degree ☐ Associate degree (e.g., AA, AS) ☐ Bachelor's degree (e.g., BA, AB, BS) ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) ☐ 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. ☐ No, not Spanish/Hispanic/Latino/Latina ☐ Yes, Mexican, Mexican American, Chicano/Chicana ☐ Yes, Puerto Rican ☐ Yes, Cuban ☐ 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. ☐ White ☐ Black or African American ☐ American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian (Specify) _____ ☐ Native Hawaiian ☐ Guamanian or Chamorro ☐ Samoan ☐ Other Pacific Islander (Specify) _____ ☐ 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.						
For DHEC Use Only						
State File # _____ Date of Death _____						

Myrtle Beach Funeral Home
4505 Hwy 17 Bypass South
Myrtle Beach, SC 29577
843.293.4505
843.293.4507

PRE-NEED AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF REMAINS

OF _____ Social Security # _____

Address _____ City, St Zip _____ Phone _____

The undersigned does hereby authorize Myrtle Beach Funeral Home to take possession of, and make arrangements for, the cremation of my remains at Myrtle Beach Funeral Home or any of its subsidiaries at 4505 Hwy 17 Bypass South Myrtle Beach, SC, 29577

(hereafter, "Crematory Authority"); said Crematory Authority being specifically authorized to carry out the process of cremation of my remains, in accordance with the provisions of Chapter 8 of Title 32, 1976 S.C. Code, as amended, upon receipt of my remains.

I further authorize and instruct the Crematory Authority to properly dispose of any items, other than my remains, including, but not limited to, body prosthesis, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Please list all materials/implants here _____

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows:

THE CREMATION, PROCESSING, AND DISPOSITION OF MY REMAINS, AS AUTHORIZED HEREINABOVE, 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 Crematory Authority will not accept my remains unless the Deceased is in a casket, cremation casket, or an approved alternative container; or unless the Funeral Establishment has made arrangements with the Crematory Authority to provide the casket, cremation casket, or an alternative container cremation.
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 herein, the Crematory Authority shall not simultaneously cremate the remains of any other person in the same cremation chamber.
4. The services of the Crematory Authority are deemed to be fulfilled when my cremated remains are returned to the custody of the Funeral Establishment.
5. Funeral Establishment is hereby authorized to dispose of my cremains as follows: _____

Return cremated remains in a container selected...

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. 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.
7. I, the undersigned, understand that I have the right to revoke this authorization at any time by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Crematory Authority designated to perform the cremation.

8. NO PERSON MAY REVOKE THIS AUTHORIZATION SUBSEQUENT TO THE DEATH OF THE UNDERSIGNED. _____ (initial)

By signing this Cremation Authorization Form, I, the undersigned, agree that the Funeral Establishment and the 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 REPRESENTATIONS 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 EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

SIGNATURE _____ DATE _____

WITNESS _____ WITNESS _____