



SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

DATE OF DEATH: (MM/DD/YYYY) _____

1. DECEDENT'S LEGAL NAME (Include AKA's, 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
- 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

(Signature of Informant) (Required)

(Date)

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 (h) (1)). However, state law provides protection against the unauthorized release of confidential information from the death certificate. DHEC 0570C (07/2010)