



SOUTH CAROLINA CERTIFICATE OF DEATH
FUNERAL HOME WORKSHEET

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
4c. UNDER 1 DAY
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?
8. EVER IN US ARMED FORCES?
9. MARITAL STATUS AT TIME OF DEATH
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
19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)
20. LOCATION-CITY, TOWN, AND STATE
51. DECEDENT'S EDUCATION - Check the box that best describes the highest degree or level of school completed at the time of death.
52. DECEDENT OF HISPANIC ORIGIN? Check the box that best describes whether the decedent is Spanish/Hispanic/Latino/Latina.
53. DECEDENT'S RACE- Check one or more races to indicate what the decedent considered himself or herself to be.
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
For DHEC Use Only
State File #
Date of Death