161 Clark Avenue South | Estill, South Carolina 29918
803-625-4402 Phone • 803-914-0474 Fax
www.martinsfuneralhomesc.com

The information below is used to complete the death certificate for your loved one.
All fields **MUST BE** completed in order to properly process the certificate with vital records.

1. Name: _____ Maiden Name: _____
2. Full Address (Include City, State, and Zip):_____
3. Is the residence within the city limits? _____County: _____
4. Date of Birth: _____ Age:_____ Social Security: _____
5. Is he/she of Hispanic Origin: _____ If yes, please specify: _____Race: _____
6. Birthplace (County/State) _____
7. Occupation _____ Industry: _____ U.S. Armed Forces: **Y** or **N**
   **DO NOT USE N/A or RETIRED** **DO NOT LEAVE BLANK**
8. Highest Level of Education:

☐8th Grade or Less ☐9th-12th grade; no diploma ☐High School Graduate or GED ☐Some College ☐Associate Degree ☐Bachelor's Degree ☐Master's Degree ☐Doctorate

9. Marital Status: ☐Never Married ☐ Married ☐ Married but Separated ☐Divorced ☐Widowed ☐Unknown
10. Spouse's Name (Prior to Marriage): _____
    First Middle Maiden
11. Father's Name: _____
    First Middle Last
12. Mother's Name (Prior to Marriage): _____
    First Middle Maiden Surname
13. Date of death: _____Place of death:_____ City/County of death_____
14. Name of Person Giving Information: _____ Relationship to Decedent: _____

Phone: _____ Full address (Include City, State, and Zip) _____