

SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

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

1. 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 Lewis Crematory & Funeral Services 4947 Highway 17 Bypass South, Myrtle Beach, SC 29577			
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. <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"/> Associates 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 Hispanic/Latino/Latina. Check the "No" box if decedent 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 <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						
55. KIND OF BUSINESS/INDUSTRY						
The information above was reviewed and found to be correct: <div style="background-color: yellow; width: 100%; height: 20px;"></div>						
BRTTP NO. _____			_____ (Signature of informant) (Not Required)		_____ (Date)	

The collection and reporting to DHEC of information contained on the South Carolina Death Certificate are exempt from HIPAA regulations. (see 45CFR§§160.203(c), 164.512(b)(1)). However, state law protection against the unauthorized release of confidential information from the death certificate. DHEC 670C(07/2004)

Lewis Crematory and Funeral Services, LLC

AUTHORIZATION TO EMBALM AND PREPARE

I hereby designate Lewis Crematory & Funeral Services, LLC of Myrtle Beach to take charge of the funeral arrangements of:

_____ and I authorize the release and removal of the remains to the said funeral establishment for the purposes of embalming.

_____ *We, the legal representative of the above deceased, decline the embalming and preparation of the body.

IDENTIFICATION AND DESCRIPTION OF MANDATORY ITEMS AND EXPLANATION OF EMBALMING CHARGE: We have identified and described below any legal, cemetery or crematory requirements which compel the purchase of any items listed in Page One and we have explained why we charge for embalming. You acknowledge and agree that embalming and or preparation of the remains may be performed at the facility of the above-referenced funeral home or at another facility that is duly licensed and equipped to provide such services.

Explanation of charges: _____

You confirm that you have examined the service and merchandise items listed in Page One and found them to be correct and according to the arrangements selected and that prior to signing this Statement, you reviewed and approved a completed copy of this Statement. You also confirm that you have been informed of your right to select only such services and merchandise as you desire, and that you have the legal right to arrange the funeral services for the deceased named above.

The Federal Trade Commission Trade Regulation Rule on "Funeral Industry Practices" requires certain disclosures and prohibits misrepresentations. The following is a checklist we ask those we serve to read and sign to verify that the funeral arrangement conference was conducted in compliance with the Rule. You who made the arrangements for the funeral and final disposition of the above-named decedent do hereby attest to the following:

1. You were given a **General Price List** effective on **July 18, 2018** prior to discussing funeral arrangements or the selection of any funeral goods or services.
2. You were shown a **Merchandise Price List** effective on **July 18, 2018** prior to discussing caskets.
3. You were shown an **Outer Burial Container Price List** effective on **July 18, 2018** prior to discussing containers.
4. You were advised that the law does not require embalming except in certain special cases.
5. You were not advised that embalming is required for direct cremations, immediate burial, or a closed casket funeral without viewing or visitation if refrigeration is available, where state or local law does not require embalming in such cases.
6. You were not advised that any law requires a casket for direct cremation or that any container, other than an alternative container, is required for direct cremation.
7. You were advised that state law does not require the purchase of an outer burial container or any of the funeral goods or services you selected except as set forth on your Statement of Funeral Goods and Services Selected/Purchase Agreement.

8. No claims were made to you as the merchandise or services (embalming, casket, outer burial container) to the effect that embalming or the use of any merchandise available from us would delay the decomposition of the remains for a long term or indefinite time, or that any such merchandise would protect the body from gravesite substances. No representations or warranties were made to you about the protective features of caskets or outer burial containers other than those made by the manufacturer.

The only warranties were made to you about the protective features of caskets or outer burial containers other than those made by the manufacturer. The only warranties, expressed or implied, granted in connection with goods sold with the funeral service we arranged were the expressed written warranties. If any, extended by the manufacturers of such goods. No other warranties were extended to you.

9. You were advised that the funeral firm's cost for the items listed in Part One, Section II, may be different based on volume or cash discounts or other professional/trade customs where permitted by state or local law.

IDENTIFICATION HOLD HARMLESS AGREEMENT

The undersigned, having viewed the remains, either at the place of death or the funeral home prior to cremation, hereby identify the same as the body of:

Ample time has been given the undersigned to assure proper identification prior to the execution of this document, and by signing same, the undersigned acknowledges that there is no doubt or question about this identification.

The undersigned assumes all liability for mistaken identification or incorrect identification and does hereby agree to indemnify and hold the Lewis Crematory & Funeral Services, LLC, of Myrtle Beach, SC, its officers, agents, and employees, harmless from any and all claims, suits, or causes of action, including a reasonable attorneys fee for the defense thereof, brought by any person, firm or corporation, or the personal representative thereof, arising out of the identification and request for cremation and disposition of the remains. I HAVE READ THE ABOVE INFORMATION INCLUDING THE AUTHORIZATION TO EMBALM, DISCLOSURE/DISCLAIMER STATEMENTS, AND THE IDENTIFICATION HOLD HARMLESS AGREEMENT.

Signed

Relationship

Address

City

State

Zip

Phone

Date

Witness

Lewis Crematory and Funeral Services, LLC.

4947 Highway 17 Bypass South
Myrtle Beach, SC 29577
843.294.0011 843.294.0071 (f)
www.lewiscrematory.com

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

OF _____ Social Security # _____

Address _____ City, St Zip _____ Phone _____

The undersigned does hereby authorize Lewis Crematory & Funeral Services, LLC (hereafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of my remains at Lewis Crematory, LLC. or any of its subsidiaries at 4947 Highway 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: _____

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 _____