## SOUTH CAROLINA CERTIFICATE OF DEATH WORKSHEET

## DATE OF DEATH: (MM/DD/YYYY)\_\_\_\_\_

	. NAME (Include AKA	A's if any) (I	First, Middle,	Last)					2. SEX	3. SOCIAL SECUR
4a. AGE-Last Birthday (Years)	4b. UNDER 1	YEAR	EAR 4c. UNDER			5. DATE OF BIRTH ( MM/DD/YYYY)			6. BIRTHPLACE	E (City and State or Fo
	Months	Days	Hours	Minutes						
7a. RESIDENCE-STATE		7b. COU	7b. COUNTY				7c. CITY	OR TO	WN	
7d. STREET AND NUME	BER				7e. APT	Г. NO.	7f. ZIP C	ODE		7g. INSIDE Yes
8. EVER IN US ARMED FORCES? Yes No	9. MARITAL STATU Married Ma Divorced	IS AT TIME arried, but s Never Ma	eperated W	10 /idowed hknown	). SURVIV	/ING SPC	USE'S NA	ME (if v	vife, give name pr	rior to first marriage)
11. FATHER'S NAME (F	irst, Middle, Last)			12	2. MOTHE	R'S NAM	E PRIOR 1	fo firs	T MARRIAGE (F	First, Middle, Last)
13a. INFORMANT'S NAM	ME	13b	. RELATIONS	SHIP TO DE	CENDENT	13c. N	iailing ai	DDRES	S (Street and Nur	mber, City, State, Zip (
14. IF DEATH OCCURED IN	PLACE OF DEATH ( A HOSPITAL :	only one: s		,	CURED S	OMEWHI	ERE OTHE	ER THA	N A HOSPITAL :	Hospice Facility
	ncy Room/Outpatient	Dead	d on Arrival	Nursing Ho				ecedent		er (Specify)
15. FACILITY NAME (If n		reet and nu	umber)	-			AND ZIP	CODE		17. COUNTY
18. METHOD OF DISPO Donation Enton Other (Specify)		Cre emoval fron	mation n state	19. PLA	CE OF DIS	SPOSITIC	N (Name o	of ceme	tery, crematory, o	other place)
20. LOCATION - CITY, T	OWN, AND STATE				E AND AD ERAL FAC					
22. SIGNATURE OF FU	NERAL SERVICE LI	CENSE OF	R OTHER AG		-		ER (Of Lic	ense)		
23a. EMBALMER (Signa	ture)			23h I		RIICEN	SE NUMBE	R		UMBER (Of Facility)
	,			200.1				-1.5	LOU. LIULINGE N	
		1								
51. DECEDENT'S EDUC the box that best describ degree or level of school time of death.	es the highest	that bes Hispani	CEDENT OF st describes w ic/Latino/Latin anish/Hispanic	whether the d	ecedent is "No" box	Spanish/	in	3. DECE ndicate v Wł	what the deceden nite	(Check one or more range) of considered himself o
the box that best describe degree or level of school	es the highest	that bes Hispani not Spa	st describes w ic/Latino/Latin	vhether the d na. Check the c/Latino/Latir	ecedent is "No" box a.	Spanish/ if deceder	in	3. DECI ndicate v Wr Bla	what the deceden	(Check one or more ra th considered himself on therican
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the box that best describe degree or level of school time of death. 8th grade or less 9th-12th grade; no	es the highest completed at the	that bes Hispani not Spa N Y	st describes w ic/Latino/Latin anish/Hispanic lo, not Spanis	whether the d ha. Check the c/Latino/Latir sh/Hispanic/L Mexican Am	ecedent is "No" box a. atino/Latin	Spanish/ if deceder na	in nt is	3. DECI ndicate v Wł Bla Am (Na As	what the deceden nite ack or African Am nerican Indian or ame of the enrolle ian Indian	(Check one or more ra t considered himself o herican Alaska Native
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owever, state law protection against the unauthorized release of confidential information from the death certificate (DHEC 670C(07/2004).