

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		4c. UNDER 1 DAY		5. DATE OF BIRTH (MM/DD/YYYY)
	Months	Days	Hours	Minutes	
7a. RESIDENCE-STATE			7b. COUNTY		7c. CITY OR TOWN
7d. STREET AND NUMBER				7e. APT. NO.	7f. ZIP CODE
7g. INSIDE CITY LIMITS? Yes No					
8. EVER IN US ARMED FORCES? Yes No	9. MARITAL STATUS AT TIME OF DEATH Married Married, but separated Widowed Divorced Never Married 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 (only one: see instructions)					
IF DEATH OCCURRED IN A HOSPITAL : Inpatient Emergency Room/Outpatient Dead on Arrival			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL : Nursing Home/Long Term care facility Decedent's home Hospice Facility 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 Burial Cremation Donation Entombment Removal from state 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 LICENSE OR OTHER AGENT			23. LICENSE NUMBER (Of License)		
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) (Is Required)			_____ (Date)		

BRTP NO.

The collection and reporting to DHEC of information completed 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).