

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? <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		
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 "RETIRED")					
55. KIND OF BUSINESS/INDUSTRY					
The information above was reviewed and found to be correct:					
BRTP 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)