

B

**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 Burroughs Funeral Home and Cremation Services 3558-A Old Kings Hwy, Murrells Inlet, SC 29576 | | |
| 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: 100px; height: 15px; margin: 5px 0;"></div> _____ (Signature of informant) (Not Required) _____ (Date) | | | | | |

B RTP NO.

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)

Memorial Name: _____
Doctor: _____
Coroner: _____
Hospice: _____
Time of Death: _____
Informant: _____
PhoneNumber: _____ **Cell Phone:** _____
Subdivision: _____

**Will family wish to view? Yes No
When?** _____

B Name: _____

Survivors/Biography

Survivors/Biography

[] Traditional [] Mass [] Graveside [] Mem. Ser. [] Cremation

Place of Service: _____

Day: _____ Date: _____ Time: _____

Visitation: _____ From: _____ to _____

Place of Disposition/Burial: _____

Location: _____

Day: _____ Date: _____ Time: _____

Urn: _____ \$ _____

Personalized: _____

Urn Present in church: ___Y___ N Promised return of urn: _____

Register Book: ___Y___ N # _____ \$ _____ Per Book

Mem. Folders: ___y___ N # _____ \$ _____ Per 100

Ack Cards: ___Y___ N # _____ \$ _____ Per 50

Prayer Cards: ___Y___ N # _____ \$ _____ Per 50

Verse: _____

Ministers:

Memorials:

[] Full Military [] Taps/Flag Folder [] Patriot Alliance [] Masonic

[] Hiberians [] Bag Pipes [] _____

Branch of Service: _____ War: _____

Notified: _____

Flag Presented to: _____

Paper/Phone/Email Inc. Comp. Confirm Fee

| Paper/Phone/Email | Inc. | Comp. | Confirm | Fee |
|-------------------|------|-------|---------|-----|
| Sun News | | | | |
| Horry Independent | | | | |
| Answering Service | | | | |
| Online | | | | |
| Georgetown Times | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Memorial DVD | | | | |

Additional Notes

Death Certificates:

Number of Copies Requested: _____

Family to (Check One): [] Pick Up [] Wants Us To Mail

Mail To/Picked up by: _____

Urn: _____ Company: _____

Unit ID/Name: _____ Ordered: _____

Casket: _____ Company: _____

Unit ID/Name: _____ Ordered: _____

Vault: _____ Company: _____

Unit ID/Name: _____ Ordered: _____