

**SC CREMATION & BURIAL SOCIETY**  
**VITAL STATISTICS WORKSHEET**  
 (Information Needed to Complete Death Certificate & Obituary Notice)

LEGAL NAME :	SEX:	SOCIAL SECURITY NUMBER:
BIRTHPLACE (City and State or Foreign Country):	AGE:	DATE OF BIRTH:
COUNTY WHERE YOU CURRENTLY LIVE:	RESIDENCE -STATE:	CITY OR TOWN WHERE YOU CURRENTLY LIVE:
STREET AND NUMBER/APT. NO.:	ZIP CODE:	INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No
MARITAL STATUS: <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	ARE YOU A VETERAN? (If so, <b>enclose</b> copy of discharge) <input type="checkbox"/> Yes <input type="checkbox"/> No	SPOUSE'S NAME (If wife, give name prior to first marriage):
FATHER'S NAME (First, Middle, Last):	MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last):	
NEXT OF KIN:	RELATIONSHIP TO APPLICANT:	MAILING ADDRESS (Street and Number, City, State, Zip code):
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"/> 8 <sup>th</sup> grade or less <input type="checkbox"/> 9 <sup>th</sup> -12 <sup>th</sup> grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate 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)	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.)  <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) _____	DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be).  <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) _____
USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE THE TERM "RETIRED.")		
KIND OF BUSINESS/INDUSTRY:		

The collection and reporting to DHEC of information contained on the South Carolina Death Certificate are exempt from HIPPA regulations (see 45 CFR §§ 160.203 (c), 164.512 (b) (1)). However, state law provides protection against the unauthorized release of confidential information from the death certificates.  
 DHEC-0670C (07/2004)

Please list your surviving relatives, and the City and State in which they currently reside. Include all living husband or wife, parents, children, brothers, sisters, and the number of surviving grandchildren and great grandchildren. Continue on a blank sheet of paper if more room is required.

First & Last Name	Relationship To You	City/State of Residence

List any additional information you would want to have included in your obituary notice:

**Important Information We Need**  
**Name, address and phone number of person that all correspondence should be forwarded to:**

*Answering the following questions will help those left behind to know your intentions.*

I wish to have the following type service: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Please include the following music selections: \_\_\_\_\_

\_\_\_\_\_

Please include the following readings: \_\_\_\_\_

\_\_\_\_\_

Other instructions: \_\_\_\_\_

My Clergy/Minister of choice is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

You are not a member until this form and your non-refundable registration fee of \$65.00 per person is received. Mail this form and your check to: South Carolina Cremation & Burial Society, 1910 Jefferson Davis Hwy, Graniteville, SC 29829 (800) 758-9115 or (803) 594-0705