

Personal Information



This information is required by the State of South Carolina in order to prepare the death certificate.

Name _____ Sex _____ Birth Date _____
 First Middle Last

Address _____ Phone _____
 Street City State Zip Within City Limits? Y__ or N__

Email _____

Birthplace _____ Social Security# _____
 City State/Province Country

Race _____ Are you of Hispanic origin? Y__ or N__

Occupation _____ Business Industry _____
Type of work during most of working life

Education: Specify Highest Grade Completed _____ High School Diploma Y__ or N__
 Some College (no degree) __ Associates Degree __ Bachelors Degree __ Masters __ PhD __

Marital Status (*Married, Never Married, Widowed(er), Divorced*) _____

Spouse's Name (*If Applicable*) _____ Maiden Name (*If applicable*) _____

Father's Name _____ Living or Deceased? _____

Mother's Name _____ Living or Deceased? _____

Mother's Maiden Name (*if applicable*) _____

Next Of Kin: _____ Relationship: _____
 First Middle Last

Their Address: _____ Phone _____
 Street City State Zip

Are You a Veteran? Y__ N__ (If yes, please enclose a copy of your discharge paper)