

# 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?  NO  YES

Email \_\_\_\_\_

Birthplace \_\_\_\_\_ Social Security # \_\_\_\_\_  
CITY STATE COUNTRY

Race \_\_\_\_\_ Are you of Hispanic Origin?  No  Yes

Occupation \_\_\_\_\_ Kind of Business or Industry \_\_\_\_\_  
KIND OF WORK DURING MOST OF WORKING LIFE, EVEN IF RETIRED.

Education (SPECIFY ONLY THE HIGHEST GRADE COMPLETED)  Elementary/Secondary (0-12) \_\_\_\_\_  College (1-4 or 5+) \_\_\_\_\_

Please Check One:  Married  Never Married  Widowed  Divorced

Spouse's name \_\_\_\_\_ Maiden name \_\_\_\_\_  
IF APPLICABLE

Father's name \_\_\_\_\_  
WHETHER LIVING OR DECEASED

Mother's name \_\_\_\_\_ Maiden name \_\_\_\_\_  
WHETHER LIVING OR DECEASED IF APPLICABLE

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_  
FIRST MIDDLE LAST

Their address \_\_\_\_\_ Phone \_\_\_\_\_  
STREET CITY STATE ZIP

Are you a veteran?  No  Yes (If yes, please enclose a copy of your discharge paper)