

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 Months Days	4c. UNDER 1 DAY Hours Minutes	5. DATE OF BIRTH (MM/DD/YYYY)	6. BIRTHPLACE (City and State or Foreign Country)	
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 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) _____	
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: 20px; margin: 5px 0;"></div> <div style="display: flex; justify-content: space-between;"> (Signature of informant) (Not Required) (Date) </div>					

BRTF 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? _____

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: _____

Statewide Cremation Services, LLC

3558-A Old Kings Highway
Murrells Inlet, SC 29576
843.651.1540 - 843.651.1131 (f)
www.statewidecremation.com

AUTHORIZATION FOR CREMATION, PROCESSING, AND DISPOSITION OF REMAINS

OF _____ Social Security # _____

Date of death _____ and time of death _____ as indicated on the attached attending physician's, medical examiner's or coroner's certificate of death or as listed on the Burial-Removal-Transit Permit and Death Notification as issued (DHEC-0676 (03/2009)).

The undersigned agent of the Deceased certifies that said agent has the full legal authority and right to authorize the cremation, processing and disposition of the Deceased's remains, and further said agent certifies that, to the agent's knowledge, there exists no person who possesses a superior priority right and no person of equal priority who disagrees with this authorization.

Exercising the aforesaid authority I, the undersigned, hereby authorize STATEWIDE CREMATION SERVICES, LLC (hereafter, "Funeral Establishment") to take possession of, and make arrangements for, the cremation of the remains of the Deceased at STATEWIDE CREMATION SERVICES, LLC or any of its subsidiaries at 3558-A OLD KINGS HIGHWAY, MURRELLS INLET, SC 29576 (hereafter, "Crematory Authority"); said Crematory Authority being specifically authorized to carry out the process of cremation on the Deceased's remains, in accordance with the provisions of Chapter 8 of Title 32, 1976 S.C. Code, as amended, upon receipt of the Deceased's remains.

I, as the agent of the Deceased, hereby declare that to the best of my knowledge (check one)

- The Deceased's remains DO NOT contain a pacemaker or any other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.
- The Deceased's remains DO contain a pacemaker or other material or implant that may be hazardous or cause damage to the cremation chamber or the person performing the cremation.

Please list all materials/implants here _____

I, as the agent of the Deceased, hereby declare that to the best of my knowledge (check one)

- The Deceased DID NOT have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.
- The Deceased DID have an infectious, contagious, or communicable disease declared by the Department of Health and Environmental Control to be dangerous to the public health.

Please list all diseases here _____

The agent of the Deceased further authorizes and instructs the Crematory Authority to properly dispose of any items, other than the remains of the Deceased, including, but not limited to, body prostheses, dental bridgework, and dental fillings that are recovered from the cremation chamber.

Jewelry and other personal articles that are recovered from the cremation chamber are to be disposed of as follows:

THE CREMATION, PROCESSING, AND DISPOSITION OF THE REMAINS OF THE DECEASED, AS AUTHORIZED ABOVE, SHALL BE PERFORMED IN ACCORDANCE WITH ALL GOVERNING LAWS, AS WELL AS THE RULES, REGULATIONS, AND POLICIES OF THE FUNERAL ESTABLISHMENT AND/OR CREMATORY AUTHORITY, SUCH AUTHORIZATION BEING SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1. The remains of the Deceased will not be accepted by the Crematory Authority unless the Deceased is in a casket, cremation casket, or an approved alternative container.
2. The Crematory Authority shall separate and remove from the cremation chamber all non-combustible materials including, but not limited to, hinges, latches, nails, jewelry and precious metal, and the Crematory shall dispose of such materials as provided by law and/or instructed herein.
3. Unless specifically authorized by the Deceased's agent(s), the Crematory Authority shall not simultaneously cremate the remains of more than one person in the same cremation chamber.
4. The services of the Crematory Authority are deemed to be fulfilled when the cremated remains of the Deceased are returned to the custody of the Funeral Establishment.
5. Statewide Cremation Services, LLC (Funeral Establishment) is hereby authorized to dispose of the Deceased's remains as follows:

6. If no method of disposition is specified in number 5 above, the Deceased's remains are to be held by the Cremation Authority for a period of 30 days, unless said remains are picked up by or shipped to the agent or Funeral Establishment before the expiry of that period. At the end of 30 days, if final disposition arrangements have not been made, the Crematory Authority may return the remains to the agent of the Deceased or the Funeral Establishment.
7. If, at the end of 60 days, no final disposition arrangements have been made, the Crematory Authority or Funeral Establishment in charge of the disposition arrangements may dispose of the cremated remains in a manner provided by law, and in accordance with Chapter 8 of Title 32, 1976 S.C. Code, as amended.

8. The Deceased's agent may revoke this authorization within 12 hours of its execution by providing written notice to the Funeral Establishment which assisted in making these arrangements, and the Crematory Authority designated to perform the cremation.

By signing this Cremation Authorization Form, I, as the agent for the Deceased, agree that Burroughs Funeral Home & Cremation Services, LLC (Funeral Establishment) and Statewide Cremation Services, LLC (Crematory Authority) and their respective agents, employees, and assigns shall be held harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of the Deceased's remains. However, said Funeral Establishment and Crematory Authority and their respective agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of the Deceased's remains if said acts are performed in a grossly negligent manner. FURTHER, I HEREBY STATE THAT ALL REPRESENTATIVES AND STATEMENTS MADE BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND, FURTHER, THAT I HAVE READ AND UNDERSTAND THE PROVISIONS CONTAINED IN THIS DOCUMENT AND THE ATTACHED EXPLANATORY INFORMATION IN REGARD TO THE CREMATION PROCESS.

AGENT SIGNATURE _____ DATE _____

Agent Name (please print) _____

Relationship to Deceased _____

Agent's Address _____

Agent's Telephone Number _____

WITNESS _____ DATE _____

Witness Name (please print) _____

TIME _____ a.m. p.m.

2nd AGENT SIGNATURE _____ DATE _____

Agent Name (please print) _____

Relationship to Deceased _____

Agent's Address _____

Agent's Telephone Number _____

WITNESS _____ DATE _____

Witness Name (please print) _____

TIME _____ a.m. p.m.

3rd AGENT SIGNATURE _____ DATE _____

Agent Name (please print) _____

Relationship to Deceased _____

Agent's Address _____

Agent's Telephone Number _____

WITNESS _____ DATE _____

Witness Name (please print) _____

TIME _____ a.m. p.m.

AFFIDAVIT OF STATUTORY PRIORITY OF AGENT(S) FOR AT-NEED CREMATION AUTHORIZATION

The Undersigned (hereinafter referred to as "Affiant or Affiants"), and who being duly sworn, hereby declare, warrant and represent that the undersigned Affiant (s), pursuant to the South Carolina Safe Cremation Act (South Carolina Code Section 32-8-300,et.seq.and as amended), is (are) authorized as and does herein expressly and absolutely authorize Statewide Cremations Services, LLC, hereinafter referred to as "Funeral Home" and, if applicable, the licensed establishment handling the actual cremation, hereinafter referred to as "Crematory", to cremate the remains of: _____ (hereinafter referred to as the "decedent").

WARRANTY OF AUTHORITY OF AUTHORIZING AGENT: I (We) represent that we understand that the Funeral Home and/or Crematory is absolutely relying on this Affidavit of Agent Order of Priority of Authorization to perform and accomplish the requested cremation of the decedent; and the undersigned Affiant(s) herein represent and warrant that there is **no** person(s) of a higher authority, or in a prior class of authority, reasonably available to make or object to the execution of this authorization to cremate the decedent by me (us). If the undersigned Affiant is a spouse, I do herein represent and warrant there is no legal proceeding filed seeking a divorce between the decedent and the undersigned Affiant. If the undersigned Affiant (s) are involved by virtue of there being more than one (1) member of my (our) same class as defined by order of priority in SC Code Section 32-8-320 (A), who is (are) entitled to authorize the cremation of the decedent, then the undersigned Affiant (s) represent and warrant that this authorization to cremate is being made by me (us) as a member of the same class pursuant to SC Code Section 32-8-320 (B) as I (we) as a member (s) of this class do **not** know of an objection by another member within this same class; provided, however, that if an objection is known to me (us), then this authorization to cremate is being made by a majority of the members of the same class who are reasonably available to so authorize it. If the undersigned Affiant (s) exhibited special care and concern for the decedent and there are no person (s) serving as decedent's agent as provided for in Code Section 32-8-320 (A) and (D) (1) or (2), then the Affiant so represents and warrants the eligibility of Affiant of this special relationship authority under (D) (3) of SC Code Section 32-8-320. The undersigned Affiant (s) further warrant that I (we) possess full legal authority and power, according to the laws of the state of South Carolina, to execute this Affidavit of Agent's Statutory Priority of Authorization to Cremate and to arrange for the cremation and disposition of the cremated remains of the decedent. The undersigned Affiant (s) also state that I (We) take full responsibility for this authorization and I (we) assume all responsibility for its directive; and that I (we) herein release all claims (including punitive), known and unknown, against the Funeral Home and/or Crematory which arise out of their actions or services rendered in connection with and/or as is or may be authorized under this Affidavit.

INDEMNITY and HOLD HARMLESS WARRANTY: As the Authorizing Agent(s), I (We) hereby agree to indemnify, defend, and hold harmless the Funeral Home and/or the Crematory, its officers, agents and employees, from any and all claims, demands, causes or causes of action, whether known or unknown, and also all suits of every kind, nature and description, whether in law or equity, including any legal fees, costs and expenses incurred out of such filed litigation, and which arise or may arise as a result of, based upon or in connection with the issuance of this Affidavit; and particularly including but not limited to claims brought by any other person(s) claiming the right of authority to control the disposition of the decedent's cremated remains.

AFFIANT(S) ACKNOWLEDGE THAT BY EXECUTING THIS AFFIDAVIT OF AGENT PRIORITY OF CREMATION AUTHORIZATION THAT I (WE) HAVE READ AND FULLY UNDERSTAND SAID AUTHORIZATION AND THAT I (WE) EXPRESSLY ACKNOWLEDGE, UNDERSTAND AND AGREE TO THE HOLD HARMLESS AND INDEMNIFICATION PROVISION HEREIN. AFFIANT (S) FURTHER DECLARE, SWEAR, AND ATTEST THAT ALL REPRESENTATIONS, WARRANTIES AND STATEMENTS CONTAINED WITHIN THIS AUTHORIZATION ARE TRUE AND CORRECT AND THE FUNERAL HOME AND/OR CREMATORY IS ENTITLED TO SO RELY.

AFFIANT(S) FURTHER SAYETH NOT.

Signature	Relationship	Print Name	Date
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Signature	Relationship	Print Name	Date
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Subscribed and sworn to before me, this _____ day of _____, 20____.



Notary's signature: _____

Notary's printed name: _____

NOTARY PUBLIC and I herein attest that my commission expires _____, 20____.

RECEIVED by: Statewide Cremations Services, LLC (Funeral Home) and dated _____

Disposition of Cremated Remains Options:

Deceased: _____

Option One:

Mail or release the cremated remains to the following designated person(s):

Name: _____ → Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

Name: _____ → Signature: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____

The cremated remains will be ONLY released to the person/persons designated in this Option.

Remains received by: _____	→ Signature: _____
Released by: _____	Date: _____ Time: _____
Remains received by: _____	Signature: _____
Released by: _____	Date: _____ Time: _____
<i>The cremated remains will be ONLY released to the person/persons designated in Option One.</i>	

I (We) agree to assume all liability that may arise from any shipment and to indemnify and hold Crematory harmless from any and all claims that may arise from such shipment.

Option Two:

Arrange for the disposition of the cremated remains at the discretion of the Crematory.

Option Three:

Other:

Mailing fee for EXPRESS Mail \$100

NOTES

Please have these forms notarized and fax to: 843.651.1131