

# 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)

# Preneed Authorization for the Cremation, Processing, and Disposition of the Remains of:



Name \_\_\_\_\_ S.S. # \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

The undersigned does hereby authorize **Palmetto Cremation Society, Inc.** (hereinafter "Funeral Establishment") to take possession of and make arrangements for the cremation of my remains at **Palmetto Cremation Society, Inc.** (hereinafter "Cremation Authority"), said Cremation Authority being specifically authorized to carry-out the process of cremation of my remains, in accordance with the provisions of **Chapter 8 Title 32, 1976 SC Code**, as amended, upon receipt of my remains.

I further authorize and instruct the Cremation Authority to properly dispose of any items, other than my remains, including but not limited to, body prosthesis, dentures, dental bridgework, and dental fillings that are recovered from the cremation chamber.

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

\_\_\_\_\_  
\_\_\_\_\_

The cremation, processing, and disposition of my remains, as authorized above, shall be performed in accordance with all the governing laws, as well as the rules, regulations, and policies of the Funeral Establishment and/or Cremation Authority. Such authorization being subject to the following terms and conditions:

1. My remains will not be accepted by the Cremation Authority unless they are in a casket, a cremation casket, or an approved alternative container, or unless the Funeral Establishment has made arrangement with the Cremation Authority to provide the casket, cremation casket, or an alternative container before cremation.
2. The Cremation Authority shall separate and remove from the cremation chamber all non-combustible materials, including but not limited to, hinges, latches, nails, jewelry, and precious metals. The Cremation Authority shall dispose of such materials as provided by law or as instructed herein.
3. Unless specifically authorized herein, the Cremation Authority shall not simultaneously cremate my remains with those of another person.
4. The services of the Cremation Authority are deemed to be fulfilled when my cremated remains are returned to the Funeral Establishment.
5. The Funeral Establishment is hereby authorized to dispose of my cremated remains as follows:  
\_\_\_\_\_  
\_\_\_\_\_
6. I, the undersigned, understand that I have the right to revoke this authorization at any time by providing written notice to the Funeral Establishment which assisted in making these arrangements and the Cremation Authority designated to perform the cremation.
7. No person may revoke this authorization subsequent to the death of the undersigned.

By signing this Cremation Authorization, I, the undersigned, agree that Palmetto Cremation Society, Inc. (Cremation Authority) and their respective agents, employees, and assigns shall be harmless in regard to any and all loss, damage, liability, or causes of action in connection with the cremation, processing, and disposition of my remains. However, said Funeral Establishment and Cremation Authority, and their agents, employees, and assigns shall not be held harmless for any acts in regard to the cremation, processing, and disposition of my remains if said acts are performed in a grossly negligent manner.

Further, I hereby state that all representations and statements made by me are true and correct to the best of my knowledge, and further, I have read and understand the provisions contained in this document and understand the process of cremation as stated by the Funeral Establishment.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date