Miller Family Funeral Home 200 East 37th Street - Snyder, Texas 325-573-6200

The following information is required by the Texas State Bureau of Vital Statistics.

Please complete as much as possible.

Telephone	number	for	family	v: (()
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Name of deceased: FIRST	MIDDLE	LAST	MAIDEN	
		···		
DATE OF BIRTH	BIRTHPLACE (City & State or f	oreign Country)	GE IN YEARS	
7.8			•	
SEX	SOCIAL SECURITY NUMBER	RA	<u>CE</u>	
EDUCATION(HIGHEST G	RADE COMPLETED)	MILITARY SERVICE (Pleas	e name branch)	
MARITAL STATUS	SURVIVING SPOUSE (If wife, give name prior to first marria			
MARRIAGE DATE	PLACE	3		
DECEDENT'S USUAL OC	CCUPATION KIND	OF BUSINESS OR INDUST	<u>RY</u>	
RESIDENCE STREET AD	DDRESS CITY	OR TOWN		
- MIN				
COUNTY	STATE	ZIP CODE	0	
	•			
FATHER'S NAME	MOT	HER'S NAME (prior to first	marriage)	
DATE OF DEATH	DI ACT OF S	NAMES AND ADDRESS OF THE PARTY		
DATE OF DEATH	PLACE OF I	DEA1H		