

**CHAPEL OF THE ANGELS MORTUARY
250 RACE STREET, GRASS VALLEY, CA 95945
530-273-2446 - FAX-530-273-2674**

**Obituary Worksheet. Newspapers will edit information
at their discretion to fit their format**

Deceased Name: _____ **Female:** _____

Male: XX _____

Age: _____ **City of Residence:** _____

Date of Death: _____ **Place of Death:** _____

Date of Birth: _____ **Place of Birth:** _____

Father's Name: _____ **Mother's Name:** _____

Schooling: _____

Military: _____

Marriage: _____

Employment: _____

Organization memberships: _____

Hobbies: _____

Survivors	Relationship	City and State
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Grandchildren	Grandchildren	Great

Preceded in death by: _____

Date, Time and Place of Services: _____

Memorial Contributions may be sent to: _____

**Arrangements are under the direction of Chapel of the Angels Mortuary
(530) 273- 2446**
