



Stefanie Kazyaka

Miriam #16

Grand Chaplain

Grand Chapter of Idaho

Order of the Eastern Star

Dear Chapter Secretaries,

I am honored to be serving our Idaho Grand Chapter as GRAND CHAPLAIN for 2019-2020.

Enclosed is a form you may use to inform me of the deaths of Chapter members this year. This form is enclosed for your convenience only. Some of you may wish to write personal memoirs of your members, and that is fine with me.

It is my goal to reflect the deceased members own personalities and lives in my bereavement letters. This will make them more meaningful to the Chapters. Therefore, any personal information you can enclose would be especially helpful to me as I write my letters and my memorial report.

Please notify me of any deaths from your chapter in a timely manner and I will endeavor to send the letters out in the same manner. It would be helpful to have an attached obituary or funeral home listing (within two (2) weeks of notification).

Feel free to notify me by email, if that is more helpful to you, and send the form, obituary and any other documentation as an attachment. Of course, U S Postal mail is always acceptable, too. The main thing is that you forward the information to me as quickly as possible. It is my goal to not have any deceased member overlooked at next year's memorial service.

God bless you for all the work you do as secretary of your chapter. Without the tremendous records you prepare, we would not have a legacy to pass forward to future generations.



Star Love,

Stefanie Kazyaka

Grand Chaplain

Grand Chapter of Idaho

890 E. 14th N.

Mountain Home, ID 83647

208-250-1863

Email: whenpigsfly_03@hotmail.com



**Grand Chapter of Idaho, O.E.S.
Deceased Member Form
2019-2020**



Name: _____ **Age:** _____

Cause of Death: _____

Date/Place of Birth: _____

Date/Place of Death: _____

Date/Place of Funeral Services: _____

Place of Burial: _____

OES Initiation Date, Chapter and Location: _____ **Years of Membership:** _____

Was she/he a VPLM? Yes or No Honorary Life Member? Yes or No Golden Star? Yes or No

Was she/he a Member of other chapters? ____ If yes, Chapters/Numbers/Locations _____

Chapter Offices held, include the year(s) _____

Grand Chapter Office(s) or Appointment(s) held and year(s) _____

Spouse/Children/Grandchildren: _____

Nearest Survivor, Relationship and Address: _____

Is the survivor an OES member? Yes or No If yes, what chapter? _____

Other organizations of which she/he was a member: _____

Hobbies and Interests: _____

What special memories or other memories, do you have of the deceased member? _____

Chapter Secretary: _____ **Address:** _____
Phone _____ e-mail _____

PLEASE ATTACH NEWSPAPER OBITUARY CLIPPING TO THIS FORM.

Please send to: Stefanie Kazyaka, Grand Chaplain
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