



## *Mary Jane Muncy*

*Hermosa #32*

*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 2021-2022.

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. However you send it, I will let you know when I receive the information. 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,

**Mary Jane Muncy**

Hermosa #32

Grand Chaplain 2021-2022

1207 Peregrine Ct

Caldwell, ID 83607

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208-724-1911



**Grand Chapter of Idaho, O.E.S.  
Deceased Member Form  
2021-2022**



*Believe and Capture your Dreams!*

**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:** Mary Jane Muncy, Grand Chaplain  
1207 Peregrine Court.  
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