



**Grand Chapter of Idaho, O.E.S.
Deceased Member Form
2022-2023**

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 _____

Chapter Secretary: _____

Address: _____

Phone _____

e-mail _____

PLEASE ATTACH NEWSPAPER OBITUARY CLIPPING TO THIS FORM.

Please send to: Leslie Brown Stankiewicz , Grand Chaplain

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Email: leslietangcc@yahoo.com