



**Grand Chapter of Idaho, O.E.S.
Deceased Member Form
2023-2024**

Member Information:

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 information submitting information for deceased

Chapter: _____

Chapter Secretary: _____

Secretary or Chapter's mailing address: _____

Secretary or Chapter's phone number: _____

Secretary or Chapter's email address: _____

PLEASE ATTACH NEWSPAPER OBITUARY CLIPPING TO THIS FORM.

Please send to: Amanda Vaughn, Grand Chaplain
1409 Lauren Ln
Filer, ID 83328
Phone: (208) 339-6847
Email: amanda.vaughn39@gmail.com

***If you email the information, please text or call me so I can be sure to find (in case it gets sent to SPAM). Thank you!**