Grand Chapter of Idaho, O.E.S. Deceased Member Form 2025-2026

Member Name: _____Age: _____

Date/Place of Birth: _____
Date/Place of Death: _____
Date/Place of Funeral Services: _____
Place of Burial: _____

OES Initiation Date: _____
Chapter Name & Location: _____
Years of Membership: _____
Was member a (please answer YES or NO):
VPLM? _____ Honorary Life Member? _____ Golden Star? _____
Member of other chapters? _____ If yes, Chapters/Numbers/Locations:
_____
_____

Chapter Offices held, including the year(s):
_____
_____
_____

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

Nearest Survivor, Relationship and Address: _____
_____

Is the survivor an OES member? Yes or No _____ If yes, what chapter? _____
What special memories do you have of the deceased member? _____
_____
_____
_____

<u>Chapter information submitting information for deceased:</u>
Chapter Name & Number: _____, Chapter Secretary: _____
Mailing address: _____
Phone number: _____
Email address: _____

PLAESE ATTACH NEWSPAPER OBITUARY CLIPPIN TO THIS FORM IF AVAILABLE.
Feel free to add additional pages of information as necessary or desired.

Please send to:
Morgan Frontino, Grand Chaplain, Idaho OES
(208)-602-2325
1737 W. Bayeux Dr. Meridian, ID 83642 or Email: frontino.morgan@gmail.com