



**Grand Chapter of Idaho, O.E.S.  
Deceased Member Form  
2014-2015**

**\*\*please print\*\***

**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:** Judy L. Taylor, Grand Chaplain  
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taylorphish@cableone.net      OR      taylorphish@hotmail.com