



*William D. Votaw*

*Meridian #66 & Miriam #16*

*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 2017-2018.

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 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. 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,

*William D. Votaw*

*Grand Chaplain*

*Grand Chapter of Idaho*

*1900 N Willow Glen Pl*

*Star, ID 83669*

*208-859-4407*

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**Grand Chapter of Idaho  
DECEASED MEMBER FORM  
2017-2018**

NAME \_\_\_\_\_ AGE \_\_\_\_\_

Cause of Death: \_\_\_\_\_

DATE/PLACE of Birth: \_\_\_\_\_

DATE/PALCE of Death: \_\_\_\_\_

Place of Burial (cemetery name & location): \_\_\_\_\_

OES Initiation Date, Chapter & Location: \_\_\_\_\_ Years of Membership: \_\_\_\_\_

Was she/he a VPLM? (yes or no): \_\_\_\_\_ Honorary Life Member: \_\_\_\_\_ Golden Star: \_\_\_\_\_

Was she/he a member of other chapters? \_\_\_\_\_ If yes, Chapters/Numbers/Locations: \_\_\_\_\_

Chapter Offices held (including years): \_\_\_\_\_

Grand Chapter Office(s) held or Appointment(s) held & year(s): \_\_\_\_\_

Spouse/Children/Grandchildren: \_\_\_\_\_

Nearest Survivor, Relationship & Address: \_\_\_\_\_

Is the survivor an OES member? \_\_\_\_\_ What Chapter? \_\_\_\_\_

Other Organizations (youth & adult) of which the deceased was a member: \_\_\_\_\_

Hobbies/Interests/Passions of the Deceased: \_\_\_\_\_

What special memories do you have of the deceased member? \_\_\_\_\_

SUBMITTED BY: Chapter Secretary: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE ATTACH NEWSPAPER OBITUARY CLIPPING TO THIS FORM OR PAPER LOCATION OF OBITUARY**

**PLEASE SEND/EMAIL TO:** William Votaw  
Grand Chaplain  
1900 N Willow Glen Pl  
Star, ID 83669

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PHONE: 208-859-4407