



**Grand Chapter of Idaho  
Order of the Eastern Star  
Deceased Member Form  
2018 ~ 2019**

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

**DATE/ PLACE OF BIRTH:** \_\_\_\_\_

**CAUSE OF DEATH:** \_\_\_\_\_

**DATE/PLACE OF DEATH:** \_\_\_\_\_

**DATE/PLACE OF SERVICE:** \_\_\_\_\_

**PLACE OF BURIAL:** \_\_\_\_\_

**OES INITIATION DATE:** \_\_\_\_\_ **CHAPTER/LOCATION** \_\_\_\_\_

**YEARS OF MEMBERSHIP:** \_\_\_\_\_ **WAS SHE/HE A VPLM? (YES OR NO):** \_\_\_\_\_

**HONORARY LIFE MEMBER?** \_\_\_\_\_ **GOLDEN STAR?** \_\_\_\_\_

**DUAL/PLURAL: YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **LIST CHAPTER/NUMBER/ LOCATION:** \_\_\_\_\_

**CHAPTER OFFICES HELD (INCLUDING YEAR(S)):** \_\_\_\_\_

**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 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:

PLEASE SEND/EMAIL TO:

LINDA WHISMORE

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GRAND CHAPLAIN

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