



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, include 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?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chapter information submitting information for deceased:

Chapter Name & #: \_\_\_\_\_, Chapter Secretary: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**PLEASE ATTACH NEWSPAPER OBITUARY CLIPPING TO THIS FORM IF AVAILABLE.**

*Feel free the add additional pages of information as necessary or desired.*

Please send to:

Jim Logan Grand Chaplain, Idaho OES

1536 Northwood Dr. #36, Moscow, ID 83843 or Email: jim\_logan@hotmail.com