



ROYAL GRAND CHAPTER
BURIAL CEREMONY CONSENT FORM

Directions: This consent form is to be completed immediately by all members (old and new). A copy is to remain with chapter secretary's records. The member is to give a copy to a responsible family member.

I, _____, A MEMBER OF _____

CHAPTER NUMBER _____ LOCATED IN _____,

ARKANSAS, REQUEST _____ DO NOT REQUEST _____ THAT THE OES
BURIAL CEREMONY IS PREFORMED AT THE EVENT OF MY DEATH.

_____ I REQUEST TO BE BURIED IN THE WHITE OES UNIFORM.

_____ I LEAVE MY FUNERAL DRESS TO THE DISCRETION OF MY
FAMILY.

Member Signature

Date

Worthy Matron

Secretary

Received and filed with the Chapter Secretary on _____.

DATE

NOTE: A copy of this Consent Form will remain in force unless the member cancels it in writing. A copy will be returned to the member and one copy kept on file with the Local Chapter Secretary. It is recommended that the member share this form with family members.

(APRIL 2014)