



Omega Psi Phi Fraternity, Inc.

Legendary Fifth District



THE OMEGA WILL

Chapter: _____

Brother: _____

On behalf of 24th Fifth District Representative - Brother Quincy Snider, the attached information will be used to help make a smooth transition for Brothers called home to Omega Chapter. This document will also provide instructions for your wishes, as well as instructions for all your Omega Psi Phi memorabilia. Please fill out thoroughly and return a copy/e-copy to the Chapter Chaplain/ Basileus, and e-copy to the District Chaplain (email below). It is recommended that you make a copy, seal it in an envelope and address to a family member to provide guidance in honoring your respective wishes.



Omega Psi Phi Fraternity, Inc.

Legendary Fifth District



Brother's Name: _____ D.O.B. _____
(Last) (First) (MI)

Address: _____

Family Person to contact about Omega Psi Phi material (shirts, pin, memorabilia, awards etc.)

Name: _____ Contact #: _____

Your Chapter of Initiation: _____

Your Year of Initiation: _____

Name of your line (if applicable): _____

How many Brothers were initiated with you: _____

Your Line Number: _____

Name of all Chapters you have been affiliated with (Undergraduate and graduate): _____

Name(s) of Brothers from your Chapter(s) to notify: _____

College or University attended and Degrees: _____

College/University awards/Professional Experience (i.e. Class/Club President, Scholarships, City Council Member, Principle, Director, Etc.): _____



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Omega Psi Phi Awards, Accomplishments, Offices Held: _____

Any specific instructions for your family regarding your Fraternity Pin, History Book, shirts, other memorabilia? _____

Any specific Brother(s) to be point person for your family regarding Omega Psi Phi? Please list name and contact info: _____

Any special request for Omega Memorial? (Note: all requests will be evaluated by Basileus and Chaplain): _____

Do you want a Private or Public Omega Memorial Service? Private: _____ Public: _____ (During Homegoing)

Church/Faith Affiliation: _____

Contact Name: _____ Contact #: _____

May we share (if needed) this document with your family to express your wishes? Yes _____ No _____

YOUR SIGNATURE AND DATE: _____



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E-mail to 5th District Chaplain:

Brother L. Rodney Bennett - LRBNJOY4LIFE@GMAIL.COM

(Please add additional informational pages if needed)

Last Update: 2/11/2024

