

## Authorization to Open Grave

This forms holds the authorization to open a grave for an Interment in the Dorchester Union Cemtery.

## Notice of Collection of Personal Information

Personal information on this form is collected under the legal authority of *Municipal Act, 2001*. This information is collected and maintained for the purposes of submitting and investigating a by-law complaint. Questions or concerns about the collection of this information can be directed to the Clerk at 4305 Hamilton Road, Dorchester ON NOL 1G3, Phone: 519-268-7334 ext 254 or clerk@thamescentre.on.ca

## Please Provide the Below Information for the Authorized Applicant with the Authority to Auhtorize Opening of the Interment

Full Name *		Street Number *	Street Name *	
City/Town *	Postal Code *			
Full Legal Name of	the Interment of			
Authorizing for Inte	rment at the location of:			
Section *	Range *	Row *	Grave(s) *	
I hereby hold the nec	essary authority to authorize	the opening for the above interme	nt.	
Authorized Applica	nt Signature *			

Today's Date *			

## Thank You

Your Submission has been received!

A member of the cemetry team will reach out to you within two (2) business days regarding your request and provide the cost payment options.

Should you have any questions or to submit a downloaded form please contact:

Cemetery Services at cemetery@thamescentre.on.ca or by calling 519-268-7334.