



Corporation of the Municipality of Thames Centre

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DORCHESTER UNION CEMETERY

This is to authorize you to open:

SECTION _____
RANGE _____
SIDE/COLUMN _____
NICHE(S) _____

I, _____, hold the necessary authority to
(Print Name)

authorize you to proceed with the inurnment for _____.

SIGNATURE: _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE: _____

FOR MUNICIPAL USE ONLY:

Copy of Will Requested: YES N/A INITIALS: _____