

DORCHESTER UNION CEMETERY
ORDER FOR INTERMENT

Name of Deceased: _____

Funeral Home/Director or Other Such Person Making the Arrangements:

Phone: _____

Requested Burial Date: _____

Note: 2 business days' notice required (16 working hours in advance)

Service Time: _____

Approximate Time of Arrival at Cemetery: _____

Grave Location: Section _____ Range _____ Row _____ Grave _____
(See lot index attached – the grave location **must** be completed to be accepted)

IF LOT INDEX IS INCORRECT

(complete the following and a new lot index will be faxed)

Rights Holder's Name: _____

Relationship to Rights Holder: _____

Last Person Interred in Lot Area: _____

Date Interred: _____

To Be Interred Beside: _____

(Name/Date Interred)

OR

To Be Interred With: _____

(Name/Date Interred)

Relationship to Deceased: _____

Any other information that may be helpful in locating the Grave:

Type of Burial: Full Burial

Cremation

Vault: (required in Section 5) Yes No

Size: _____

Supplier: _____

Next of Kin Information:

Name: _____

Address: _____

Phone No. _____

Relationship of Deceased: _____

Signature of Person Ordering Interment

Date

Note: Arrangements for interments cannot be confirmed until such time as the Cemetery Staff has been verbally informed of the death and upon receipt of this form being completed and provided to the Municipal Office by fax: 519-268-3928 or email to tbutt@thamescentre.on.ca. Notice of interment will commence at that time.

***PAYMENT IS REQUIRED PRIOR TO INTERMENT TAKING PLACE**