

**The Corporation of the Municipality of Thames Centre
Dorchester Union Cemetery
Authorization to Open for Disinterment**

I, _____, hold the necessary authority to
(Print Full Name)
authorize you to proceed with the Disinterment of _____,
at the location of:

Section _____

Range _____

Row/Side/Column _____

Grave/Niche _____

When applicable:

I authorize _____, to provide a secure
(Name Individual/Funeral Home/Municipality)

location for the cremated remains, during a determined timeline, until one of the following events have taken place:

- a casket/full burial has occurred allowing these cremated remains to be placed over the casket in the same grave;
- for the purposes of adding another's cremains to the same container, for return to the same grave or niche;
- for the purpose of relocation either within the Dorchester Union Cemetery or a different location

Signed by: _____

Address: _____

Telephone: _____

Date: _____

FOR MUNICIPAL USE ONLY:

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