

**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: \_\_\_\_\_