The Corporation of the Municipality of Thames Centre Dorchester Union Cemetery Authorization to Open Grave

I,(Print Fu	ull Nama)		, hold th	ne necessary autho	rity to
(Print Fi	ווג (Name				
authorize the open	ing for the int	erment of			
at the location of:					
	Section		_		
	Range		_		
	Row				
	Grave(s)				
	(-)		-		
Signed by:					
Address:					
Telephone:					
Date:					
FOR MUNICIPAL	IISE ONI V				
Copy of Will Reque	ested: YES	S 🗆	N/A □	INITALS:	

Municipality of Thames Centre 4305 Hamilton Road, Dorchester, ON N0L 1G3 519-268-7334 x227 Dorchester Union Cemetery 2251 Dorchester Road, Dorchester, ON N0L 1G0