

**The Corporation of the Municipality of Thames Centre
Dorchester Union Cemetery
Bronze Memory Wall Plaque Order Form**

Purchaser Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Cremation Garden 'Dome' Columbarium position: North or South
between ____ column and ____ column.

Plaque location Identified as: _____
(municipal staff to identify)

Cost: _____ plus HST _____ Total: _____

Inscription Details (capital letters):

Last Name: _____	
First Name: _____	
Year of Birth: _____	Year of Death: _____

All inscriptions checked and approved by:

Purchaser: _____

Date: _____

Representative on behalf of the Cemetery Operator:
