

**The Corporation of the Municipality of Thames Centre**  
4305 Hamilton Road, Dorchester ON N0L 1G3 519-268-7334 x227  
Dorchester Union Cemetery 2251 Dorchester Road, Dorchester ON N0L 1G2  
**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: \_\_\_\_\_

**Notice of Collection of Personal Information**

Personal information on this form is collected under the legal authority of the Funeral, Burial and Cremation Services Act, 2002, as amended. The information is collected and maintained for the purpose of maintaining records for the Dorchester Union Cemetery with respect to Interment Rights. Questions about this collection should be directed to the Clerk at 4305 Hamilton Road, Dorchester, ON N0L 1G3 519-268-7334 or [clerk@thamescentre.on.ca](mailto:clerk@thamescentre.on.ca)