

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

I, _____, hold the necessary authority to
(Print Full Name)

authorize the opening for the interment of _____,

at the location of:

Section _____

Range _____

Row _____

Grave(s) _____

Position: _____

Signed by: _____

Address: _____

Telephone: _____

Date: _____

FOR MUNICIPAL USE ONLY:

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