

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

Purchaser Information:

Name: _____

Address: _____

Telephone: _____

Email: _____

Location of Columbarium Niche: _____

Companion Plaque

Individual Plaque

Date for Companion Plaque

Date for Individual Plaque

Inscription Details (capital letters):

Last Name: _____	
Left Name: _____	Right Name: _____
Left Year of Birth: _____	Right Year of Birth: _____
Left Year of Death: _____	Right Year of Death: _____

All Inscriptions checked and approved by:

Purchaser / Rights Holder: _____

Date: _____

Representative on behalf of Cemetery Operator: _____