FUNERAL SERVICE CODICIL

As codicil and amendment to my will, dated ____________ (month & day), __________ (year) and witnessed by __________________________, ______________________, and __________________________, I, ______________________________ declare the following:

My funeral is to be conducted at _______________________________________, according to the following rites and specifications: ____________________________
______________________________________________________________________
______________________________________________________________________.

Furthermore, I order that my remains be handled as follows:
______________________________________________________________________
______________________________________________________________________.

__________________________________________  ________________
(Signature)  (Date)

__________________________________________  ________________
(Witnessed)  (Date)

__________________________________________  ________________
(Witnessed)  (Date)

__________________________________________  ________________
(Witnessed)  (Date)