FUNERAL SERVICE CODICIL

As codicil and amendment to my w	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	-		
Furthermore, I order that my remain	ins be handled as		
(Signature)	-	(Date)	
(Witnessed)	-	(Date)	
(Witnessed)	-	(Date)	
(Witnessed)	-	(Date)	