FUNERAL SERVICE CODICIL

| As codicil and amendment to my v | vill, 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 remai | ins be handled as f | | |
| (Signature) | - | (Date) | |
| (Witnessed) | - | (Date) | |
| (Witnessed) | - | (Date) | |
| (Witnessed) | - | (Date) | |