Codicil Form



If you have already made your Will but would like to update or amend it to include a bequest to Newlife the Charity for Disabled Children (Registered Charity Number: 1170125 in England & Wales) please complete this Codicil Form. Please keep this document in a safe place together with your will or take it to your solicitor.

I, (full name)	
of, (full address)	
Postcode	
declare this to be the (1st/2nd/3rd/other) codicil to my will dated and made (date)	
I give, free of tax, (please complete as appropriate): the %age share of the residue of my estate	
the sum of £	
a specific item	
to Newlife the Charity for Disabled Children, of Hemlock Way, Cannock WS11 7GF registered 1107125, absolutely for its general charitable purposes and I declare that the receipt of the t authorised officer shall be a sufficient discharge to my executors.	
In all other respects I confirm my said will. In witness whereof I have here unto set my hand to (day) of (month)	his
This is my 1st/2nd/3rd/other codicil to the will:	
Signature: Please ensure that you a presence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appresence of two independent following people cannot ensure that you appreciately appreciate the properties of the propertie	ndent witnesses. The witness your codicil:
In the presence of: • A beneficiary of your w • A beneficiary's spouse	vill
First witness Second witness	
Name Name	
Address	
Postcode Postcode	
Signature	