

Form of Codicil

To be completed by you

I _____ (full name)
of _____
_____ (address)

Declare this to be a [first / second / third] Codicil to my Will dated ____/____/____.

1. In addition to any legacies given in my said Will I give to Cornwall Hospice Care (Registered Charity No. 1113140) of Porthpean Road, St Austell, PL26 6AB the sum of £_____ to be used for its general charitable purposes and I declare that the receipt of the Treasurer or other proper officer shall be a full and sufficient discharge.
2. In all other respects I confirm my said Will IN WITNESS whereof I have hereunto set my hand this _____ day of _____ (month) 20____ (year)

Signed by the above named _____

To be completed by your witnesses

Signed by the above named in our presence and witnessed by us in the presence of him/her and each other.

Witnessed by:

Signature _____

Full Name _____

Address _____

Occupation _____

Date ____/____/____

Witnessed by:

Signature _____

Full Name _____

Address _____

Occupation _____

Date ____/____/____