

6 Adding life to days
when days cannot
be added to life,



Demelza
Hospice Care for Children

Codicil Form

To add Demelza Hospice Care for Children to your Will:

A small change to a Will is called a Codicil. If you have already made a Will and you want to add a gift to Demelza Hospice Care for Children, please complete the form and take it to your solicitor. The solicitor will add the Codicil to your existing Will or, amend and reprint the Will if it is stored electronically. There may be a small charge for this service.

Note: We recommend that you seek the guidance of a solicitor when you make your Will or add a Codicil, so you can be sure your wishes can be carried out

You complete this section

I (your full name) _____

of (your full address, including postcode) _____

declare this to be the (first, second or appropriate number) _____

Codicil to the Will I made on the date (in words) _____

I would like to change my Will to benefit **Demelza Hospice Care for Children, Rook Lane, Bobbing, Sittingbourne, Kent ME9 8DZ registered charity number 1039651**, for its general charitable purposes absolutely.

Please (✓) as appropriate:

Please () update my Will / () add a Codicil to my existing Will to include the following bequest to Demelza Hospice Care for Children:

1. I leave the sum of (amount in figures and words)

£ _____

2. I leave all the residue of my estate of a ___% share of the residue of my estate
(without the deduction of Inheritance Tax)

3. I leave the following objects or articles (please describe these)

(free of the expense of delivery)

4. I wish that donations in lieu of flowers at my funeral be given to Demelza Hospice Care for Children, Rook Lane, Bobbing, Sittingbourne, Kent ME9 8DZ, registered charity number 1039651, for its general charitable purposes absolutely.
5. I confirm that the other aspects covered in my Will and any other Codicils are correct.

Your signature _____ Date (in words) _____

Your witnesses complete this section

We confirm that this Codicil was signed by the above name in our joint presence and then by us in his/hers/theirs

Witness 1

Name: _____

Address: _____

_____ Postcode: _____

Occupation: _____

Signature: _____

Witness 2

Name: _____

Address: _____

_____ Postcode: _____

Occupation: _____

Signature: _____