

**CODICIL TO THE
WILL OF**

_____ *(testator's name)*

I, _____ *(testator's name)*, of _____ *(county name)* County, _____ *(state name)*, declare this to be a Codicil to my Will dated _____ *(date of original Will)*.

1. I amend my Will by substituting the following for Article _____ *(Article number in original Will)* thereof:

“ _____ *(insert changes here)* ”

2.

In all other respects, I confirm and republish my Will dated _____ *(date of original Will)*.

IN WITNESS WHEREOF, I have subscribed my name on _____ *(date)*.

(signature)

(printed name)



On the date written below, _____ (*testator's name*) declared to us that this instrument, consisting of _____ (*number of pages*) pages, including the page signed by us as witnesses, was _____ (*his/her*) Will and requested us to act as witnesses to it. _____ (*testator's name*) thereupon signed this Will in our presence, all of us being present at the same time. We now, at _____ (*his/her*) request, in _____ (*his/her*) presence and in the presence of each other, subscribe our names as witnesses.

We understand that this instrument is the Will of _____ (*testator's name*). _____ (*He/She*) appears to us to be over eighteen (18) years of age and of sound mind. We have no knowledge of any facts indicating that this Will or any part of it was procured by duress, menace, fraud, or undue influence.

Executed on _____ (*date*), at _____ (*city*), _____ (*state*). We declare under penalty of perjury under the laws of the State of _____ (*state*) that the foregoing is true and correct.

_____ Residing at _____

_____ Residing at _____



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