**Will Release Form – Deceased Will Maker**

Please complete this form and email it to [enquiries@clarkewillmott.com](mailto:enquiries@clarkewillmott.com) and attach copies of the evidence requested together with a letter of authority with the signature of each executor confirming their consent to the release of the Will.

If preferred, please post the completed form and evidence and authority to:

Private Capital Will Release Team (PC063)  
Clarke Willmott LLP  
Blackbrook Gate,

Blackbrook Park Avenue,

Taunton

TA1 2PG

We recommend that if sending the documents to us you use Royal Mail Special Delivery to avoid loss and delay.

If you have difficultly completing the form please call 0800 316 8890 and the team will help you. They will still need to receive the completed form and evidence from you and will not be able to complete it during the call.

Please provide all the information requested in order to release original documents from our safe custody. If information is missing it may delay us in sending the Will.

We will acknowledge receipt of your request within 2 working days of receipt by email to the address stated in section 1.

We will aim to provide the Will within 7 to 10 working days but will call you if any further information or evidence is needed before your enquiry can be dealt with.

The original Will documents will be sent to the address stated by Royal Mail Special Delivery.

Please note that we will accept copy documents but we will carry out regular and random checks on them for authenticity.

All documents supplied to us will be scanned to our filing system as evidence of release and will then be shredded. The scanned copies will be stored in accordance with our standard data retention policy.

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| 1. About you |  |
| * 1. Your full name including any middle names |  |
| * 1. Your full postal address (we will send the documents to this address unless you tell us otherwise) |  |
| * 1. Your date of birth |  |
| * 1. Your telephone number(s) |  |
| * 1. Your email address |  |
| * 1. Your National Insurance Number |  |
| * 1. Please confirm that you consent to our checking your identity electronically. This is in addition to the copy evidence required below. If you do not consent this may delay the release of the Will and necessitate our requesting further information from you |  |
| * 1. Please attach or enclose a copy of the following evidence:      1. A copy of the photo page of your passport clearly showing your signature; and      2. A copy of a utility bill or bank statement issued to you in the post in the last 2 months showing your name and home address OR      3. A copy of a DWP or HMRC letter sent to you in the last 12 months showing your name and home address |  |

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| 1. About the Will | |
| Approximately when was the Will made? |  |
| Did Clarke Willmott act? If so, which office did the will maker use? |  |
| If the Will was made with another firm but you believe that we hold it, please provide details here |  |
| Do you think we should hold other documents for the Will maker and, if so, what are they and would you like us to send them to you?  (We may need further authority for joint documents, trusts and powers of attorney) |  |

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| 1. About the deceased Will maker   This section assumes the Will maker has died. If you are seeking their Will under any other authority (such as an LPA) please complete this section as far as possible, send us the evidence of your authority and provide any further explanation in section 5 below.  Please provide: | |
| * 1. Their full name |  |
| * 1. Their address when they made the Will |  |
| * 1. Their last address |  |
| * 1. Their date of birth |  |
| * 1. Their date of death |  |
| * 1. Their National Insurance Number |  |
| * 1. Please send us a copy of their death certificate |  |
| * 1. If their name changed between the making of the Will and their death please provide evidence of this (copy marriage certificate/decree absolute etc) |  |
| * 1. If any of the named executors have died please provide a copy of their death certificates |  |

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| 1. Executors Details (please ignore if you made the Will and have completed section 1)   We assume that you are one of the executors. Please provide the following in relation to each of your surviving co-executors (whether they are acting or not). If you do not know who they are please confirm this in section 5 below. We will then confirm who we need information from when we have retrieved the Will from storage. | |
| Co-Executor 1 | |
| * + 1. Their full name including any middle names |  |
| * + 1. Their full postal address |  |
| * + 1. Their date of birth |  |
| * + 1. Their telephone number(s) |  |
| * + 1. Their email address |  |
| * + 1. Their National Insurance Number |  |
| * + 1. Please confirm that they consent to our checking your identity electronically. This is in addition to the copy evidence required below. If they do not consent this may delay the release of the will and necessitate our requesting further information from you or them. |  |
| * + 1. Please attach or enclose a copy of the following evidence:        1. A copy of the photo page of their passport clearly showing your signature; and        2. A copy of a utility bill or bank statement issued to them in the post in the last 2 months showing your name and home address OR        3. A copy of a DWP or HMRC letter sent to them in the last 12 months showing your name and home address; and        4. A copy of any evidence of a change of name |  |
| Co-Executor 2 | |
| * + 1. Their full name including any middle names |  |
| * + 1. Their full postal address |  |
| * + 1. Their date of birth |  |
| * + 1. Their telephone number(s) |  |
| * + 1. Their email address |  |
| * + 1. Their National Insurance Number |  |
| * + 1. Please confirm that they consent to our checking your identity electronically. This is in addition to the copy evidence required below. If they do not consent this may delay the release of the Will and necessitate our requesting further information from you or them. |  |
| * + 1. Please attach or enclose a copy of the following evidence:        1. A copy of the photo page of their passport clearly showing your signature; and        2. A copy of a utility bill or bank statement issued to them in the post in the last 2 months showing your name and home address OR        3. A copy of a DWP or HMRC letter sent to them in the last 12 months showing your name and home address; and        4. A copy of any evidence of a change of name |  |

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| Co-Executor 3 | |
| * + 1. Their full name including any middle names |  |
| * + 1. Their full postal address |  |
| * + 1. Their date of birth |  |
| * + 1. Their telephone number(s) |  |
| * + 1. Their email address |  |
| * + 1. Their National Insurance Number |  |
| * + 1. Please confirm that they consent to our checking your identity electronically. This is in addition to the copy evidence required below. If they do not consent this may delay the release of the Will and necessitate our requesting further information from you or them. |  |
| * + 1. Please attach or enclose a copy of the following evidence:        1. A copy of the photo page of their passport clearly showing your signature; and        2. A copy of a utility bill or bank statement issued to them in the post in the last 2 months showing your name and home address OR        3. A copy of a DWP or HMRC letter sent to them in the last 12 months showing your name and home address; and        4. A copy of any evidence of a change of name |  |

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| 1. Further Information   Please use this space to provide us with any further information you wish to provide |

1. Authority for release of Will

Executor 1

|  |  |
| --- | --- |
| Name of Will maker |  |
| Your name |  |
| I consent to you carrying out an electronic identity check on me and authorise and instruct you to release the Will of the above named Will maker to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and confirm that it should be sent  to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signed |  |
| Dated |  |

Executor 2

|  |  |
| --- | --- |
| Name of Will maker |  |
| Your name |  |
| I consent to you carrying out an electronic identity check on me and authorise and instruct you to release the Will of the above named Will maker to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and confirm that it should be sent  to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signed |  |
| Dated |  |

Executor 3

|  |  |
| --- | --- |
| Name of Will maker |  |
| Your name |  |
| I consent to you carrying out an electronic identity check on me and authorise and instruct you to release the Will of the above named Will maker to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and confirm that it should be sent  to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signed |  |
| Dated |  |

Executor 4

|  |  |
| --- | --- |
| Name of Will maker |  |
| Your name |  |
| I consent to you carrying out an electronic identity check on me and authorise and instruct you to release the Will of the above named Will maker to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and confirm that it should be sent  to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Signed |  |
| Dated |  |

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| --- | --- |
| 1. Checklist | |
| * 1. Before you send us this form and the evidence and authorities please check that you are sending us everything we need | |
|  | Tick |
| This form fully completed |  |
| The evidence of identity, address and change of name for all parties and death certificates |  |
| Signed authorities |  |