Form 206

Evidence of Life

Evidence of Life Declaration of person entitled to payment

In the _____ Division of the High Court
_____District Registry

Please use BLOCK CAPITALS

A/c No. | | | | | | | | |

Full Account Title

To the Accountant General, Court Funds Office, 22 Kingsway, London WC2B 6LE

I _____

of _____

_____

declare that I was living on _____ 19____

(Tick and complete if appropriate)

Either

☐ and that _____

_____

_____

named in the Order dated _____ 19____ was/were then

alive and was/were under the age of 18 years/a patient.

or

☐ and I was then _____

of _____

Insert full names of, e.g. patent, minor or minors

Cross out words not applicable

Complete, if applicable, by inserting Minister or Treasurer etc.

Signed _____
(Signature of person entitled to payment)

Declared before me on the _____ 19____

Signed _____
(Signature of witness)

Address _____

_____

_____

Qualification _____

- **This declaration should be witnessed by a person who knows the declarant personally** and who is a Member of Parliament, Minister of Religion, Doctor, Lawyer, Bank Manager or a person of similar standing.
- This declaration should **not** be witnessed by a relative of the declarant.

Court Funds Rule 40.