

Information Sheet

Office of The Union County Surrogate

An Original Death Certificate is required to prepare paperwork

WAS THE DECEDENT A RESIDENT OF UNION COUNTY? [] Yes or [] No

PLEASE PRINT OR TYPE

Applicant's Daytime Phone # _____

Is there a Last Will & Testament? [] Yes or [] No If no, check off Administration/Affidavit

of Will Pages: _____ & # of Codicil Pages: _____ Administration/Affidavit: [] (Asset page needed)

DECEASED INFORMATION:

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ CITY/TOWN/ZIP: _____

Date of Birth: _____ Date of Will: _____ Date of Death: _____

Deceased Marital Status: [] Married if so # of times Married ____ [] Widowed [] Never Married [] Divorced [] Certified / Civil Union Partner

- [] # of Children
[] # of Decedent's Children from Previous Relationship
[] # of Children of Deceased Children (surviving grandchildren)
[] # of Children of Spouse, but Not of the Decedent

NAME(S) & ADDRESS(ES) OF EXECUTOR(S) OR ADMINISTRATOR(S):

Name Address City/State/Zip Phone # (mandatory) Relationship

NEXT OF KIN: Begin with spouse and children (mother of minor children). If none, include parents and/or siblings. Indicate if they will be renouncing. Use additional sheet if necessary.

Name Relationship Address - City/State/Zip Age if Minor Check if Renouncing

#of Certificates Needed _____ (You will need 1 certificate for every asset in the decedent's name)

Using an Attorney? [] Yes or [] No

Name, Address & Phone # of Attorney: _____

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IF TRUSTS ARE ESTABLISHED (by the will): THEY MUST CONTAIN THE NAMES OF THE TRUST(S) AND ALL BENEFICIARY INFORMATION. USED ADDITIONAL SHEETS IF NECESSARY

NAME(S) OF TRUSTS:

TRUSTEE INFO:

Name Addresses Phone #

BENEFICIARY INFO:

Names Addresses Beneficiary Interest

ALL CORRESPONDENCE MUST BE ADDRESSED TO:

Office of The Union County Surrogate
Union County Court House
2 Broad Street
Elizabeth, New Jersey 07207

Phone: (908)527-4280 Fax: (908)351-9212

Email: UCSurrogate@ucnj.org

www.ucnj.org/surrogate

ALL INFORMATION SHEETS MUST BE ACCOMPANIED BY THE ORIGINAL WILL, ORIGINAL CODICIL(S) (if any) & ORIGINAL DEATH CERTIFICATE WITH RAISED SEAL.

ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN ASSET PAGE & OBITUARY