

Date Received: _____

Docket # _____

ATLANTIC COUNTY SURROGATE INFORMATION SHEET

Name of Decedent _____

AKA _____

Address of Decedent _____

Date of Death _____ Marital Status _____

Did Decedent leave a Will? [] Yes [] No Date of Will _____

Date of Codicil, if any _____

List all next of kin

Name	Relationship	Address	Age of Minors

Name, Address and phone number of Executor or Administrator applying:

PHONE: _____

EMAIL: _____

ASSETS IN DECEDENT'S NAME ONLY: (NOT REQUIRED IF PROBATING A WILL)

(REAL ESTATE, BANK ACCOUNTS, MOTOR VEHICLES, STOCKS, BONDS, ETC)

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

DEBTS IN DECEDENT'S NAME:

(Funeral bill, medical bills, credit cards, etc)

_____	\$
_____	\$
_____	\$
_____	\$
_____	\$
_____	\$

FILL THIS OUT AND MAIL BACK WITH AN ORIGINAL DEATH CERTIFICATE.