

SOMERSET COUNTY SURROGATE'S COURT



ADMINISTRATION CASE INFORMATION FORM

Name of deceased _____

Legal residence at time of death _____

Date of death _____ Date of birth _____

Name of Administrator _____

Relationship to decedent _____

Address _____

Telephone _____

Please complete the attached Administration questionnaire if applicable and return with this document

Number of certificates requested _____

Please attach a list of all accounts with date of death values. (banks, stocks, car title, etc.)

Submitted by

Telephone _____

Fax (908-575-3965) or Email (surrogatesoffice@co.somerset.nj.us) completed Case Information form, Administration questionnaire, death certificate and a list of all assets belonging to the deceased