

SOMERSET COUNTY SURROGATE'S COURT



AFFIDAVIT OF NEXT OF KIN CASE INFORMATION FORM

Name of deceased _____

Residence _____

Date of death _____ Date of birth _____

Name of Affiant (party seeking Affidavit) _____

Address of Affiant _____

Telephone _____

Relationship to deceased _____

Next of Kin of deceased (Children, mother, father, brother and sisters, etc., If under 18 yrs. old, list age)

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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