

# SOMERSET COUNTY SURROGATE'S COURT



## PROBATE OF WILL CASE INFORMATION FORM

Name of deceased \_\_\_\_\_

Legal residence at time of death \_\_\_\_\_

Date of death \_\_\_\_\_ Date of birth \_\_\_\_\_ Marital status \_\_\_\_\_

Will date \_\_\_\_\_ Will pages \_\_\_\_ Codicil date \_\_\_\_\_ Codicil pages \_\_\_\_

Name of Executor(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_

Next of kin	Relationship	Address

Number of certificates requested \_\_\_\_\_

Testamentary Trust  
Yes \_\_\_\_ No \_\_\_\_ (If yes,  
please complete and submit a  
trust case information form)

Submitted by

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

**Fax (908-575-3965) or Email ([surrogatesoffice@co.somerset.nj.us](mailto:surrogatesoffice@co.somerset.nj.us)) completed  
Case Information form with copy of will and death certificate**