

**James S. LaCorte
Surrogate of Union County
Guardianship Information Sheet**

PLEASE PRINT OR TYPE **This information to be used to:**

Guardianship Of: **(Name of Minor as it appears on Social Security Card/Records)**

First Name:

Middle Initial:

Last Name:

Aka:

Social Security#:

Date of Birth:

Net Recovery/Value of Estate:
(Please fax the Order/Judgment if it applies)

Name(s) & Address(es) of Guardian(s): **List Relationship**

<u>Name</u>	<u>Address</u>	<u>City/State</u>	<u>Phone #</u>
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Next of Kin: (i.e. parent/siblings, use reverse side if necessary)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age If Minor</u>	Check If Renunciation <u>Is Needed</u>
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Guardianships \$60: \$50.00, Certificates \$5.00 each, Renunciations \$5.00 each (\$5 for every additional page thereafter)

Name, Address & Phone # of Attorney:

ACCEPTABLE METHODS OF PAYMENT: Cash_____ Check_____ Atty Acct_____

Additional Next of Kin: (i.e. parent/siblings, continued from 1st page)

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Age if Minor</u>	<u>Renunciation</u>
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*****A FULL 48 HOUR NOTICE MUST BE GIVEN TO PREPARE PAPERS*****

Additional Correspondence may be addressed to:
James S. LaCorte, Surrogate of Union County
Union County Court House
2 Broad Street, Elizabeth, New Jersey 07207
Phone: 908-527-4280 Fax: 908-351-9212
www.unioncountynj.org/surrogate