

Information Sheet

Office of The Union County Surrogate
A Death Certificate is required to prepare paperwork
WAS THE DECEDENT A RESIDENT OF UNION COUNTY?

PLEASE PRINT OR TYPE

Applicant's Daytime Phone #

Is there a Last Will & Testament? [ ] Yes or [ ] No If no, check off Administration/Affidavit

# of Will Pages: & # of Codicil Pages: Administration/Affidavit: [ ] (Asset page needed)

DECEASED INFORMATION:

NAME: SOCIAL SECURITY #:

ADDRESS: CITY/TOWN/ZIP:

Date of Birth: Date of Will: Date of Death:

Deceased Marital Status: [ ] Married if so # of times Married [ ] Widowed
[ ] Never Married [ ] Divorced [ ] Certified / Civil Union Partner

- [ ] # of Children
[ ] # of Decedent's Children from Previous Relationship
[ ] # of Children of Deceased Children (surviving grandchildren)
[ ] # of Children of Spouse, but Not of the Decedent

NAME(S) & ADDRESS(ES) OF EXECUTOR(S) OR ADMINISTRATOR(S):

Table with 5 columns: Name, Address, City/State, Phone # (mandatory), Relationship

NEXT OF KIN: Begin with spouse and children (mother of minor children). If none, include parents and/or siblings. Indicate if they will be renouncing. Use additional sheet if necessary.

Table with 5 columns: Name, Relationship, Address, Age if Minor, Check if Renouncing

#of Certificates Needed (You will need 1 certificate for every asset in the decedent's name)

\*\*No Payment Is Due Now, Clerk Will Invoice You\*\*

Using an Attorney? [ ] Yes or [ ] No

Name, Address & Phone # of Attorney:

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**IF TRUSTS ARE ESTABLISHED (by the will):** THEY MUST CONTAIN THE NAMES OF THE TRUST(S) AND ALL BENEFICIARY INFORMATION. USED ADDITIONAL SHEETS IF NECESSARY

**NAME(S) OF TRUSTS:**

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**TRUSTEE INFO:**

<u>Name</u>	<u>Addresses</u>	<u>Phone #</u>

**BENEFICIARY INFO:**

<u>Names</u>	<u>Addresses</u>	<u>Beneficiary Interest</u>

**ALL CORRESPONDENCE MUST BE ADDRESSED TO:**

Office of The Union County Surrogate  
Union County Court House  
2 Broad Street  
Elizabeth, New Jersey 07207

**Phone:** (908)527-4280    **Fax:** (908)351-9212  
**Email:** UCSurrogate@ucnj.org  
[www.ucnj.org/surrogate](http://www.ucnj.org/surrogate)

**ALL INFORMATION SHEETS MUST BE ACCOMPANIED BY THE ORIGINAL WILL, ORIGINAL CODICIL(S) (if any) & ORIGINAL DEATH CERTIFICATE WITH RAISED SEAL.**

**ALL ADMINISTRATIONS MUST BE ACCOMPANIED BY AN ASSET PAGE & OBITUARY**