**Information Sheet**

# Office of The Union County Surrogate

**An Original Death Certificate is required to prepare paperwork**

**WAS THE DECEDENT A *RESIDENT* OF UNION COUNTY? [ ]Yes or [ ]No**

**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):**

| Name | Address | City/State/Zip | Phone # (mandatory) | Relationship |
|---|---|---|---|---|
| | | | | |
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| | | | | |

**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.

| Name | Relationship | Address – City/State/Zip | Age if Minor | Check if Renouncing |
|---|---|---|---|---|
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**#of Certificates Needed**_____ (You will need 1 certificate for every asset in the decedent's name)

**Using an Attorney?** [ ] Yes or [ ] No

Name, Address & Phone # of Attorney: _____

_____

_____

_____

**Information Sheet**

## Office of The Union County Surrogate

**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:**

**TRUSTEE INFO:**

| Name | Addresses | Phone # |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
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**BENEFICIARY INFO:**

| Names | Addresses | Beneficiary Interest |
|---|---|---|
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| | | |
| | | |

***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

**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**