SURROGATE OF SOMERSET COUNTY
AFFIDAVIT OF NEXT OF KIN FACT SHEET

Name of Decedent_____

Residence_____
No. Street Municipality

Died_____ Birth Date_____

Name of Affiant _____

Address of Affiant _____

Telephone # ( ) _____

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

_____ _____

_____ _____ _____

_____ _____

_____ _____

_____

Fax completed fact sheet, death certificate and a list of all assets belonging to the deceased - (copy of car title, bank statements, etc.)

Surrogate of Somerset County
Administration Building
20 Grove St., P.O. Box 3000
Somerville, NJ 08876

Phone (908) 231-7003
Fax (908) 429-8765