

# SOMERSET COUNTY SURROGATE'S COURT



## ADMINISTRATION CASE INFORMATION FORM

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

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

\_\_\_\_\_

Date of death \_\_\_\_\_ Date of birth \_\_\_\_\_

Name of Administrator \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**Please complete the attached Administration questionnaire if applicable and return with this document**

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

*Please attach a list of all accounts with date of death values. (banks, stocks, car title, etc.)*

Submitted by

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

**Fax (908-541-5061) or Email ([surrogatesoffice@co.somerset.nj.us](mailto:surrogatesoffice@co.somerset.nj.us)) completed Case Information form, Administration questionnaire, death certificate and a list of all assets belonging to the deceased**