

# SOMERSET COUNTY SURROGATE'S COURT



## AFFIDAVIT OF NEXT OF KIN CASE INFORMATION FORM

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

Residence \_\_\_\_\_

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

Name of Affiant (party seeking Affidavit) \_\_\_\_\_

Address of Affiant \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

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

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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