

SOMERSET COUNTY SURROGATE'S COURT



AFFIDAVIT OF SURVIVING SPOUSE CASE INFORMATION FORM

Name of deceased _____

Residence _____

Date of death _____ Date of birth _____

Name of Affiant (party seeking Affidavit) _____

Address of Affiant _____

Telephone _____

Children of deceased

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Fax (908-541-5061) or Email (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.)