

SOMERSET COUNTY SURROGATE'S COURT



SOMERSET COUNTY MINOR'S CASE INFORMATION FORM

Name of Minor _____

Residence _____

Age _____ Date of birth _____ Social Security No. _____

Amount to be deposited _____

Money coming from:

Court Order _____ Insurance _____ Other (specify) _____

PLEASE SUBMIT COPY OF BIRTH CERTIFICATE AND ORDER (IF APPLICABLE)

Name and address of guardian(s)

Telephone (Home) _____ (Work) _____

Next of Kin	Relationship	Address
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_____	<u>Father</u>	_____
_____		_____

_____	<u>Mother</u>	_____

Attorney of Record _____

Address _____

Telephone _____

Fax (908-541-5061) or Email (surrogatesoffice@co.somerset.nj.us) completed Case Information form, copy of birth certificate and order (if applicable)