

BURLINGTON COUNTY SURROGATE'S COURT
ROOM 102, 49 RANCOCAS ROAD, MOUNT HOLLY NJ 08060
TEL. (609) 265-5005 FAX (609) 261-4511
surrogates@co.burlington.nj.us
PROBATE INFORMATION SHEET – FOR ATTORNEY USE

Name of Decedent: _____ SS# _____

Address: _____

Date of Death: _____ Date of Will: _____

Name of Executor _____ Relationship _____

Address _____

Telephone # _____ SS# _____

Name of Co-Executor _____ Relationship _____

Address _____

Telephone # _____ SS# _____

NEXT OF KIN	RELATIONSHIP	ADDRESS	AGE OF MINORS
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(NOTE) LIST CHILDREN OF DECEASED NEXT OF KIN
Additional Information on Separate Sheet, If Necessary

Name of Witness on Will (if not self-proving): _____

Total Number of Short Certificates Requested: _____

Name of Appearing Attorney _____

Address _____

Telephone # _____ Fax # _____

**FOR USE AS FACT SHEET TO BE MAILED CERTIFIED OR FED EX TO
OFFICE IN ADVANCE OF APPEARANCE ALONG WITH ORIGINAL
WILL AND DEATH CERTIFICATE. WE WILL CALL YOU TO MAKE
APPOINTMENT. THANK YOU!**