



ESTATE INFORMATION SHEET

HUDSON COUNTY SURROGATE'S COURT

595 Newark Avenue, Room 407

Jersey City, New Jersey 07306

(201) 795-6378

Fax (201) 795-5488

www.hudsonsurrogate.org



FILER INFORMATION (YOURSELF):

FULL NAME: GENDER:

FULL ADDRESS: COUNTY OF RESIDENCE:

EMAIL: PHONE NUMBER:

RELATIONSHIP TO MINOR:

MINOR'S INFORMATION:

FULL NAME: GENDER:

SOCIAL SECURITY # OR TAX I.D #: DATE OF BIRTH:

FULL ADDRESS: COUNTY OF RESIDENCE:

AMOUNT OF ESTATE: AMOUNT TO BE DEPOSITED IN SITF:

PLEASE NOTE: IF BOND IS NECESSARY THE AMOUNT WILL BE DETERED BY COURT

ATTORNEY: ONLY COMPLETE IF YOU ARE BEING REPRESENTED BY AN ATTORNEY

ATTORNEY(S) NAME:

ADDRESS: ATTORNEY ID #:

PHONE NUMBER: EMAIL ADDRESS:

