

ADMINISTRATION AD PROSEQUENDUM FACT SHEET-DECEDENT HAD NO WILL

Decedent's Name: _____ Date of Death: ___ / ___ / ___

Address where decedent lived: (no P.O. Box) _____

Name(s) and address(es) of applicant(s): (include street address with P.O. Box)

Applicant name & relationship to decedent: _____ Phone # _____

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Was decedent: [] married [] divorced [] never married [] widow/widower [] registered domestic partner [] ex-domestic partner [] civil union [] ex-civil union

Name of decedent's spouse/partner: _____ address: _____
_____ if deceased, date of death: _____

List in the appropriate section all children of the decedent (include names, addresses, ages, if deceased, include date of death)

1. Decedent's children born to decedent and decedent's most recent spouse or civil union partner:

NAME ADDRESS AGE

2. Decedent's children from prior relationship(s): (list each relationship's children separately)

NAME ADDRESS AGE

Warren County Surrogate's Court

(Mailing Address) 413 Second Street, Belvidere, NJ 07823

(908) 475-6223 telephone – (908) 475-4219 fax

Office Location: 323 Front Street, Belvidere, NJ

Website: <https://www.warrencountynj.gov/government/warren-county-surrogate-s-court>

<mailto:scuster@co.warren.nj.us>(e-mail)

To begin the application process please send copies of the following by e-mail, mail, fax or deliver to the office:

- Administration Prosequendum Fact Sheet Forms
- Death certificate (original required)

At appointment, the original death certificate is collected and stored in the Surrogate's files.

An administration ad prosequendum fee is collected at the time of appointment

Once the above documents are submitted, in order to serve you efficiently, our office will contact you to schedule an appointment once all has been reviewed.