

GUARDIAN FACT SHEET
WARREN COUNTY SURROGATE'S COURT
(Mailing Address) 413 Second Street, Belvidere, NJ 07823
Office Location: 323 Front Street, Belvidere, NJ
Phone: 908-475-6223 Fax 908-475-4219

Minor/IP's name: _____

Social Security #(Provide only when depositing funds into Surrogate's Trust Fund): _____

Residence: _____

Town/Twp. _____ State _____ Zip Code _____ County _____

Date of Birth _____ Date of Order _____

Guardian's Name: _____

Address: _____

Town/Twp. _____ State _____ Zip Code _____ County _____

Phone Number: _____

Heirs/Next-of-Kin

Name	Relationship	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use other side to continue)

Note: List **siblings** of Minors and their ages (above)

Attorney: _____ Address: _____

OFFICE USE ONLY

Value of Estate: _____ Bond: _____

Hold for: _____ Other: _____

Fees: (due) \$ _____ ___\$50.00___ Guardianship Notes:
(paid) \$ _____ ___No Fee___ Acceptance
 _____ Consent
 _____ Order per page
 _____ Other

Location: _____

Date: _____

File #: _____ Receipt # _____ Date Filed: _____ Prepared by: _____

