

**GUARDIAN FOR MINOR 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 Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Town/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Applicant(s) Name: \_\_\_\_\_ Relationship(s): \_\_\_\_\_

Address(es): \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Town/Twp. \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number: \_\_\_\_\_

Source of Fund (Bequest, POD Account, etc.): \_\_\_\_\_

Account No. \_\_\_\_\_ Value: \_\_\_\_\_

Source of Fund (Bequest, POD Account, etc.): \_\_\_\_\_

Account No. \_\_\_\_\_ Value: \_\_\_\_\_

**OFFICE USE ONLY**

Hold for: \_\_\_\_\_ Other: \_\_\_\_\_

Court Order Date \_\_\_\_\_

Fees: (due) \$ \_\_\_\_\_ Affidavit Notes:  
(paid) \$ \_\_\_\_\_ Consent  
\_\_\_\_\_ Commission

Date: \_\_\_\_\_

File #: \_\_\_\_\_ Receipt # \_\_\_\_\_ Date Filed: \_\_\_\_\_ Prepared by: \_\_\_\_\_