Morris County Surrogate's Court

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Deputy Surrogate



Probate Form A: When there is a Will

Notes: Fields marked with an asterisk* are minimal requirements.

Please provide additional information if known.

If the required information is not available at this time, you may enter "N.A. or Not Available"

General Information

*Your Name	*Your Phone:	
	*Your Email:	
Your Street Address		
City	State Zip	
*Your Relation to Decedent		
DECEDENT		
*Name of Decedent	*Date of Death (MM/DD/YYYY)	
Address	*Date of Birth (MM/DD/YYYY)	
City	State Zip	
*County of Residence		

EXECUTOR/EXECUTRIX (If Same as Filer, write same)

*Name of Executor/Executrix		
Address		
City, State	Zip	Phone:
		Email:
TRUSTEE		
TRUSTEE		
*Name of Trustee		
Address		
City, State	Zip	Phone: Email:

WITNESS TO WILL

*Name of Witness 1	
Address	
City	State Zip
*Name of Witness 2	
Address	
City	State Zip

HEIRS AT LAW AND NEXT OF KIN (NOT BENEFICIARIES)

Name 1	·		
Relationship			
Address			
City	State	Zip	
Name 2			
Relationship			
Address			
City	State	Zip	
Name 3			
Relationship			
Address			
City	State	Zip	
Name 4			
Relationship			
Address			
City	State	Zin	

For Additional heirs and other information, please use the space provided:		
CONCLUSION		
*Number of Certificates Required		