

Morris County Surrogate's Court

PO Box 900
Morristown, New Jersey 07963-0900
Tel # (973) 285-6500
www.morrissurrogate.com

Heather J. Darling, Esq.
Surrogate

Christopher Luongo, Esq.
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 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

EXECUTOR/EXECUTRIX

*Name of Executor/Executrix

Address

City

State

Zip

TRUSTEE

*Name of Trustee

Address

City

State

Zip

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 _____ Zip _____

For Additional heirs and other information, please use the space provided:

CONCLUSION

*Number of Certificates Required
