

## Worksheet Instructions

To fill out the form, please bring it up on your computer. Place your cursor in the Contact Date field. Type in the Contact Date. Using the computer tab key(s), tab to each field and fill in the appropriate information. Continue until all applicable fields have been filled. After you complete the form, save a copy to your computer in a convenient location for your records, print and mail a copy to the mailing address below or email a copy of the form back to us as an attachment using the email address below. Thank you.

Email Address: [surrogate@co.cape-may.nj.us](mailto:surrogate@co.cape-may.nj.us)

---

Mailing Address:

Cape May County  
Surrogate's Office-DN 207  
4 Moore Road  
Cape May Court House, NJ 08210

Telephone: 609-463-6666

Fax: 609-463-6454

This electronic transmission, when filled out, contains information for the Cape May County Surrogate's Office which may be confidential. The information is intended only for their use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this information is strictly prohibited and that the documents should be returned to the sender immediately. In this regard, if you have received this information in error, please notify the sender or the department by telephone so that they can arrange for the prompt delivery of the original documents at no cost to you. Thank you.

**SURROGATE WORKSHEET**

**TIME** \_\_\_\_\_ **APPT.** \_\_\_\_\_

Key # \_\_\_\_\_ Contact Date \_\_\_\_\_  
Type \_\_\_\_\_ Cmpltd \_\_\_\_\_  
\_\_\_\_\_ File # R \_\_\_\_\_ Index Pg # \_\_\_\_\_

**NAME** \_\_\_\_\_

a/k/a \_\_\_\_\_

Address \_\_\_\_\_

SS \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Date of Death \_\_\_\_\_ Date of Will \_\_\_\_\_

Codicil Date \_\_\_\_\_ Self-Proving \_\_\_ Y \_\_\_ N

Witness \_\_\_\_\_

Address \_\_\_\_\_

<b>Heirs At Law</b> (Not Will Beneficiaries)	Relationship	City/State	Age
--	--------------	------------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Pers. Rep.** \_\_\_\_\_ **SS #** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

Trustee \_\_\_\_\_ Beneficiary \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

NEED: L-9 L-8 Tax Rtrn Packet SS-4 Ethics Rpt

Issued/Office SC L T AFF \_\_\_\_\_

Mailed/Atty SC L T AFF \_\_\_\_\_

Mailed/Rep SC L T AFF \_\_\_\_\_

Tax Report

**REQUIRED BEFORE ISSUING:**

- |                       |                           |
|-----------------------|---------------------------|
| ___ Orig. Will        | ___ Codicil               |
| ___ Death Certificate | ___ Per. Rep. Comm. _____ |
| ___ Proof of Witness  | ___ Witness Comm _____    |
| ___ Soc. Sec. No.     | ___ Bond _____            |
| ___ Sup Ct. Order     | ___ Dth Cert of _____     |
| ___ Payment           | ___ Renunciatn/Consent    |
| ___ Asset/Debt List   | ___ Aff. Diligent Inquiry |
| ___ Proof of Service  | ___ Pd. Funeral Bill      |
| ___ Misc. Affidavit   | ___ Other _____           |

**BOND** \_\_\_ Personal \_\_\_ Surety \$ \_\_\_\_\_

**ASSETS/DEBTS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTORNEY** \_\_\_\_\_

**FEE:**

- |                       |                        |
|-----------------------|------------------------|
| ___ Probate _____     | Aff.Spouse/Kin _____   |
| ___ Codicil _____     | Guardianship _____     |
| ___ Extra Pages _____ | Administratn _____     |
| ___ Short Cert _____  | ___ Certified _____    |
| ___ Trust _____       | ___ Exemplfd _____     |
| ___ Trust SC _____    | ___ Other _____        |
| ___ Comm _____        | <b>TOTAL: \$</b> _____ |

Inv # \_\_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_ Amt \$ \_\_\_\_\_