

MERCER COUNTY SURROGATE'S COURT
Diane Gerofsky, Surrogate
INFORMATION SHEET GUARDIANSHIP OF MINOR

NAME OF MINOR: _____ Minor's Date of Birth: _____

Address: _____ State: _____

Social Security # of Minor: _____ (If minor has no Social Security Number, application **must** be made for one immediately)

Name of proposed Guardian: _____

Address of proposed Guardian: _____

_____ Telephone No: _____

Attorney of Record: _____ Telephone No: _____

Address: _____

LIST BELOW NEXT OF KIN, PERSONS IN LOCO PARENTIS TO MINOR AND PERSONS WITH WHOM MINOR RESIDES:

<u>NAME</u>	<u>RESIDING ADDRESS</u>	<u>RELATIONSHIP TO MINOR</u>	<u>AGE IF UNDER 18</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As to any parent or person listed above who is not qualifying, state the reason for example: predeceased, wishes to renounce:

Guardianship is sought of the **PERSON ONLY**: _____ Yes _____ No
Guardianship is sought of the **PROPERTY ONLY**: _____ Yes _____ No
Guardianship is sought of the **PERSON AND PROPERTY**: _____ Yes _____ No

Value of the estate of the minor: \$ _____

Source of the funds of the minor (please circle appropriate number)

1. Court approved settlement of minor's claim
2. Inheritance
3. Other (explain): _____

PLEASE NOTE: When making an appointment, kindly return this form with a filed copy of any Judgment approving settlement, birth certificate and social security card at least 24 hours prior to your appointment or appearance.

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