

## Morris County Surrogate's Court

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Surrogate

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### 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**

\*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 \_\_\_\_\_ Zip \_\_\_\_\_

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

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## CONCLUSION

\*Number of Certificates Required

Visits to the Surrogate's Office are by appointment only