

Morris County Surrogate Court

Morristown, NJ

Probate Form A: *When There is a Will*

Visits to the surrogate court are by appointment only.

Please submit the following information. A probate clerk will call you to make an appointment.

Note: 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

* Date of Will (mm/dd/yyyy)

Is the will self-proving?

Yes

No

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

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

You may verify transmission of your probate form by verifying its presence in your *Sent* folder.
Please be sure you have your e-mail client, *e.g.*: Microsoft Outlook,
open & running before selecting "E-mail Form".