

GUARDIANSHIP INFORMATION SHEET
MIDDLESEX COUNTY SURROGATE'S COURT

P.O. Box 790, New Brunswick, NJ 08903-0790

surrogate@co.middlesex.nj.us

*Subject to commission fee if processing by mail. Process by Mail _____ **

Name of Child: _____

Address of Child _____

City State Zip

Date of Birth: _____ SS# _____

Name and Address of Guardian(s): _____

Telephone Number of Guardian(s): _____

Relationship of Guardian to Minor: _____

Birth Parents Names

Relationship

Address - City & State

<u>Birth Parents Names</u>	<u>Relationship</u>	<u>Address - City & State</u>

Do you need Guardianship of Person? Yes _____ No _____

Do you need Guardianship of Property? Yes _____ No _____ If yes, please list amount payable to minor below.

Asset (insurance payout, beneficiary of acct, friendly hearing, etc.)

Value

Asset (insurance payout, beneficiary of acct, friendly hearing, etc.)	Value

Please send copies of the minor's **social security card** and **birth certificate** with this sheet.

If there is an order directing the deposit of funds to be held with Middlesex County, please send a copy of the signed judgement with the paperwork.

Total Number of Guardianship Certificates Requested: _____

Name, Address, & Phone Number of Attorney (if being represented): _____

**If processing by mail, there is a 3-4 week turnaround time.

For an in-person appointment, issued papers will be received 1-2 weeks after the appointment.