

FOR ADMINISTRATION Passaic County Surrogate's Court

Name of Deceased			Age
Date of Death	Date of Birth	SS#	
Address		Value of Estate	\$
Applicant		Amount of Bond	\$
Address			
Administrat		Attorney	
Address		Address	
Letters Issued		Telephone	

NEXT OF KIN

Name	P.O. Address	Relation	Age

Order to Limit	_____ Records Checked
Certificates	_____ Compared
Date of Appearance	