Hon. Zoila Cassanova Surrogate

State of New Jersey
Passaic County Surrogate's Courts

Historic Court House Room 101
Paterson, New Jersey 07505
Phone: (973)881-4760
Fax: (973) 523-3449
surrogateinfo@passaiccountynj.org

FOR GUARDIANSHIP MINOR

Name of Minor:

Age of Minor: Date of Birth: Social Security #:

Address: Street City State Zip code Value of Estate:

Minor Resides With: Amount of Bond:

Name of Guardian: TELE#

Address of Guardian: Street City State Zip code

Name of Guardian:

Address of Guardian: Street City State Zip code

Attorney Name:

Attorney Address: Street City State Zip code

Telephone Number: Attorney Email:

Nearest of Kin and all persons standing in loco parents:

Name	Address	Relation	Age

COMPLETE THIS FORM BRING THE FOLLOWING:
COPY OF CHILD BIRTH CERTIFICATE
COPY OF CHILD SOCIAL SECURITY CARD
COPY OF GUARDIAN'S DRIVER'S LICENSE
COPY OF STANBY DRIVER'S LICENSE & **IF NECESSARY:** MEDICAL/LEGAL RELATED TO TRIGGERING CONDITION