

CUMBERLAND COUNTY SURROGATE MINOR WORKSHEET

PLEASE COMPLETE THIS FORM AND FAX TO 856-451-7356 OR EMAIL TO:

rebeccaqu@CumberlandCountyNJ.gov.

A COPY OF THE PROPOSED COURT ORDER AND/OR INSURANCE COMPANY INFORMATION, MINOR'S BIRTH CERTIFICATE, AND SOCIAL SECURITY CARD ARE REQUIRED.

Minor _____ Sex: _____

Mother _____

Address _____

Address _____

Father _____

(we only accept funds for Cumberland County residents)

Date of Birth _____

Address _____

Social Security # _____

Brothers/Sisters:

_____ Sex:

GUARDIAN INFORMATION:

_____ Sex:

Name, Address & Phone #:

_____ Sex:

Deposit amount: _____

COST OF GUARDIANSHIP:

Guardianship \$50.00

Relationship to minor: _____

File Order (Per page) \$5.00

Attorney _____

Guardian Consent \$3.00
(if needed)

Where funds are coming from: _____

Contact rebeccaqu@CumberlandCountyNJ.gov for further information.

FEE CAN BE PAID BY: Cash __, Check __, or Attorney Account __ (If you have an attorney trust account with our office; not the same as the accounts held by the State of NJ).