

**NICKI A. BURKE, Surrogate**

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Surrogate of Salem County

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Applicant fact sheet - Guardian of a Minor – Property only

Deposit to Salem County Surrogate’s Intermingled Account (SITF)

Office Hours: Monday – Friday 8:30 am to 4:30 pm

Satellite office & evening hours – please contact our office for current evening & satellite information

Date: \_\_\_\_\_

Surrogate’s Court docket #: SLM- \_\_\_\_\_

Superior Court docket # from Order: \_\_\_\_\_

(will have only if deposit is superior court ordered)

Minor: \_\_\_\_\_

**must** be name as it appears on <sup>1</sup>birth certificate & <sup>2</sup>social security card

(if they don’t have these documents can update later in certain instances)

address of minor: \_\_\_\_\_

date of birth: \_\_\_\_\_

age: \_\_\_\_\_

social security# \_\_\_\_\_

amount of deposit to SITF: \$ \_\_\_\_\_

where are the funds coming from: estate, court ordered, etc...? \_\_\_\_\_

Note: Consents are required pursuant to statute if both parents are not making application for Guardianship. Contact our office for information regarding Consent.

Legal name, address, phone number, relationship to minor: (include all siblings of minor)

**MOTHER:**

name: \_\_\_\_\_

if deceased, need date of death: \_\_\_\_\_

acting as Guardian of the Property

OR consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.

phone: (\_\_\_\_\_) \_\_\_\_\_

cell: (\_\_\_\_\_) \_\_\_\_\_

other phone: (\_\_\_\_\_) \_\_\_\_\_

address: \_\_\_\_\_

e-mail: \_\_\_\_\_

**FATHER:**

name: \_\_\_\_\_

if deceased, need date of death: \_\_\_\_\_

acting as Guardian of the Property

OR consenting to another - Consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.

phone: (\_\_\_\_\_) \_\_\_\_\_

cell: (\_\_\_\_\_) \_\_\_\_\_

other phone: (\_\_\_\_\_) \_\_\_\_\_

address: \_\_\_\_\_

e-mail: \_\_\_\_\_

**NAME** (if guardian to be appointed is other than parent(s):

name: \_\_\_\_\_

acting as guardian of the property

OR consenting to another - consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.

phone: (\_\_\_\_\_) \_\_\_\_\_

cell: (\_\_\_\_\_) \_\_\_\_\_

other phone: (\_\_\_\_\_) \_\_\_\_\_

address: \_\_\_\_\_

e-mail: \_\_\_\_\_

**NAME** (if guardian to be appointed is other than parent(s):

name: \_\_\_\_\_

if deceased, need date of death: \_\_\_\_\_

acting as Guardian of the Property

OR consenting to another - consent is required if not acting, unless the court order specifically waives the requirement by the Surrogate.

phone: (\_\_\_\_\_) \_\_\_\_\_

cell: (\_\_\_\_\_) \_\_\_\_\_

other phone: (\_\_\_\_\_) \_\_\_\_\_

address: \_\_\_\_\_

e-mail: \_\_\_\_\_

**RELATIVES OF MINOR:**

name: \_\_\_\_\_

age: \_\_\_\_\_

address: \_\_\_\_\_

relationship to minor: \_\_\_\_\_

name: \_\_\_\_\_

age: \_\_\_\_\_

address: \_\_\_\_\_

relationship to minor: \_\_\_\_\_

name: \_\_\_\_\_  
 age: \_\_\_\_\_  
 address: \_\_\_\_\_

relationship to minor: \_\_\_\_\_

name: \_\_\_\_\_  
 age: \_\_\_\_\_  
 address: \_\_\_\_\_

relationship to minor: \_\_\_\_\_

**Required Documents:**

- 1.  photocopy of the minor’s birth certificate
- 2.  photocopy of the minor’s social security card
- 3A.  file-stamped copy of Superior Court Order (friendly hearing)

**OR**  
3A.  Order For Deposit of Funds In Lieu of Filing Bond... Surrogate’s Court will prepare & present to Superior Court Probate Judge for signature.

**Fees:**

- Check/money order/cash payable to: Salem County Surrogate’s Court  
 \*please contact our office for correct fee  
 \*Salem County does not presently accept debit or credit cards

Guardianship packet \$ 50.00

- Guardianship of a Minor – Property Only \$50.00
- n/a or Order: pages @ \$5.00 per page:  \$\_\_\_\_\_
- n/a or Consent(s) \$5.00 per page \$ \_\_\_\_\_ for 1<sup>st</sup> consent, \$3.00 each additional

Attorney:  
Name: \_\_\_\_\_  
firm: \_\_\_\_\_  
address: \_\_\_\_\_  
\_\_\_\_\_  
phone: (\_\_\_\_\_) \_\_\_\_\_  
e-mail: \_\_\_\_\_  
fax: (\_\_\_\_\_) \_\_\_\_\_

**\*Surrogate’s Court staff before proceeding with Guardianship, attach SITF “staff” instructions located at:**  
aa-minor guardianship-property & person/11-pamphlets & fact sheets/property-new/fact sheet – staff-property only