



**Hon. Zoila  
Cassanova Surrogate**

# State of New Jersey Passaic County Surrogate's Courts

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## FOR GUARDIANSHIP MINOR

Name of Minor: \_\_\_\_\_

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

Address: \_\_\_\_\_ Value of Estate: \_\_\_\_\_  
Street City State Zip code

Minor Resides With: \_\_\_\_\_ Amount of Bond: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

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 BIRTH CERTIFICATE  
COPY OF SOCIAL SECURITY CARD  
COPY OF GUARDIAN'S DRIVER'S LICENSE TO**