

**MAUREEN T. RAISCH**  
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## GUARDIANSHIP INFORMATION SHEET

<b>NAME OF MINOR</b>	<b>AGE OF MINOR</b>	<b>AMOUNT</b>
_____	_____	_____
<b>ADDRESS</b>		<b>PHONE NUMBER</b>
_____		_____
_____		_____

<b>SOCIAL SECURITY NUMBER OF MINOR</b>	<b>DATE OF BIRTH</b>
____-____-____	___/___/___

**NAME OF GUARDIAN:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**NAME OF PERSON CONSENTING:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**ATTORNEY INFORMATION:**

**FIRM:** \_\_\_\_\_

**ATTORNEY'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

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**REQUIRED DOCUMENTS:**

1. PHOTOCOPY OF THE MINOR'S BIRTH CERTIFICATE AND SOCIAL SECURITY CARD.
2. FEES PAID BY CREDIT CARD / ATTORNEY ACCOUNT / CHECK made payable to MONMOUTH COUNTY SURROGATE/ MONEY ORDER.
3. A CERTIFIED COPY OF A COURT ORDER, IF APPLICABLE.