



State of New Jersey Office of the Secretary of State

WILL REGISTRY-FORM WR 1

(Please type or print legibly)

Name of Person Making Will: _____

Address of Person Making Will: _____

Date of Birth of Person Making Will: _____

(optional)

Place of Birth of Person Making Will: _____

(optional)

Date Will was Made: _____

Names and Addresses of Executors and Fiduciaries: _____

(optional)

Location of Will at Time of Registration: _____

Submit a completed Will Registry Form and a **\$10.00** check or money order payable to **“The State of New Jersey”** to:

The Office of the Secretary of State
PO Box 300
Trenton, NJ 08625-0300

Do Not Enclose Copy of Will

Signature: _____

For Attorney or Representative

I, _____, file this Will Registry

on behalf of, _____.