



# Register of Wills

## DOCUMENT REQUEST FORM

Dear Clerk,

This is a request for documents on file with your office. I have enclosed a check to cover the fee of **\$1 per page**, a self-addressed and appropriately stamped envelope for the number of pages I have requested or additional funds for the postage and handling fee to have the document(s) mailed back to me.

Requester's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Name of the Decedent: \_\_\_\_\_

Date Of Passing: \_\_\_\_\_

Case Number: \_\_\_\_\_

- Will (including any Codicils)    Inventory of Assets    Accounting  
 Claims Filed Against Estate    Full Copy of Estate and Recorded Documents

Other: \_\_\_\_\_  
\_\_\_\_\_

Please make checks payable to the "**Sussex County Register of Wills**".  
The staff does not have the ability to take credit card information by phone.